

Fill in this information to identify the case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known): _____ Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Bowes In-Home Care, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 2 0 - 0 7 7 7 0 9 8

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

2230 Point Blvd., Suite 100

Number Street

Number Street

P.O. Box

Elgin IL 60123

City State ZIP Code

City State ZIP Code

Kane

County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) www.bihc.com

6. Type of debtor

☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☒ Other. Specify: S-Corp

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11.

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check all that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

9. **Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** ☒ No
☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. **Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** ☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY
Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

11. **Why is the case filed in this district?** *Check all that apply:*
☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?** ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
Why does the property need immediate attention? *(Check all that apply.)*
☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
☐ It needs to be physically secured or protected from the weather.
☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
☐ Other _____

Where is the property?
Number _____ Street _____
City _____ State _____ ZIP Code _____

Is the property insured?
☐ No
☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Statistical and administrative information

- 13. Debtor's estimation of available funds** *Check one:*
☒ Funds will be available for distribution to unsecured creditors.
☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.
- 14. Estimated number of creditors**
☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
☐ 50-99 ☐ 5,001-10,000 ☐ 50,001-100,000
☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
☐ 200-999
- 15. Estimated assets**
☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion
- 16. Estimated liabilities**
☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - ☒ I have been authorized to file this petition on behalf of the debtor.
 - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/20/2020
MM / DD / YYYY

X /s/ Michael A. Collura

Signature of authorized representative of debtor

Michael A. Collura

Printed name

President

Title

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

18. Signature of attorney **X /s/ Kevin H. Morse** Date **08/20/2020**
Signature of attorney for debtor MM / DD / YYYY

Kevin H. Morse
Printed name

Clark Hill PLC
Firm name

130 E. Randolph St., Suite 3900
Number Street

Chicago **IL** **60601**
City State ZIP Code

(312) 985-5556 **kmorse@clarkhill.com**
Contact phone Email address

06297244 **IL**
Bar number State

Fill in this information to identify the case

Debtor name Bowes In-Home Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. BMO Harris Bank (operating acct.)	Checking account	7 8 1 2	\$0.00
3.2. BMO Harris Bank (deposit acct.)	Checking account	1 9 8 4	\$7,730.39
3.3. BMO Harris Bank (payroll acct.)	Checking account	5 3 2 6	\$0.00

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$7,730.39

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **Security deposit on office space vacated in 2018** **\$780.00**

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. **Prepaid rent from 7/2020 - 12/2020 for office space in Sauk Valley** **\$5,400.00**

8.2. **Prepaid rent for office located in Rockford, IL** **\$3,486.60**

8.3. **2020-2021 Insurance Policies** **\$36,094.00**

8.4. **Prepayment to 24 Capital LLC on factoring ageement** **\$87,500.00**

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$133,260.60

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$163,987.64 - \$0.00 = → \$163,987.64
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$422,355.63 - \$280,864.00 = → \$141,491.63
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$305,479.27

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Clinical supplies for nurses		Unknown		\$20,000.00

23. Total of Part 5
Add lines 19 through 22. Copy the total to line 84. \$20,000.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

33. Total of Part 6.
Add lines 28 through 32. Copy the total to line 85. \$0.00

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Office furniture located at 2230 Point Blvd., Suite 100, Elgin, TX 60123			\$5,000.00
40. Office fixtures			
Office decor			\$1,000.00
41. Office equipment, including all computer equipment and communication systems equipment and software			
Office computers: PCs, tablets and smart devices			\$25,000.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$31,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2013 Ford Transit Connect VIN NM0LS7DNXDT159499	\$4,700.00	Carfax	\$4,700.00

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$4,700.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	---	---------------------------------------

55.1. **2230 Point Blvd., Suite 100**

Elgin, IL 60123

**2230 Point Blvd., Suite 100, Elgin, IL
60123**

Oral Lease

Unknown

\$0.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	---	--	---------------------------------------

60. **Patents, copyrights, trademarks, and trade secrets**

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

61. Internet domain names and websites

62. Licenses, franchises, and royalties

Home Health Agency License issued by the IL Department of Health

Unknown

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

Goodwill

\$20,000.00

\$0.00

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

Note receivable U.S. VA

\$100,855.01

-

\$0.00

=>

\$100,855.01

Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Claim against 24 Captial

Unknown

Nature of claim Unreimbursed overpayment on contract

Amount requested \$0.00

Claim against McGraw Funding

Unknown

Nature of claim Improper lending and business practices

Amount requested _____

Claim against former employees

Unknown

Nature of claim Improper discharge practices

Amount requested _____

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
 Name

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Tax abatement penalties **\$750,000.00**

Nature of claim Contingent

Amount requested _____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

CARES ACT \$424,977.69 received 4/17/2020, funds were held in the account of In Home Personal Services at Chase Bank acct. ending 5905 **\$0.00**

PPP Loan in the amount of \$1,582,500 received 4/20/2020. Funds were held in the account of In Home Personal Services at Chase Bank ending in 5905 **\$486,000.00**

Loan(s) to Shareholder based on accounting entry **\$537,125.02**

Jan. 2020 Payroll Advance **\$40,550.00**

EIDL funds received 7/23/2020 in the amount of \$149,900. **\$0.00**

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$1,914,530.03

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No
☐ Yes

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$7,730.39</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$133,260.60</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$305,479.27</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$20,000.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$31,000.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$4,700.00</u>	
88. Real property. Copy line 56, Part 9..... →		<u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 78, Part 11.	<u>+ \$1,914,530.03</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$2,416,700.29</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$2,416,700.29</u>

Fill in this information to identify the case:

Debtor name Bowes In-Home Care, Inc.
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
 Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.1	Creditor's name <u>BlueVine/Celtic Bank</u>	Describe debtor's property that is subject to a lien <u>Accounts Receivable</u>	Amount of claim <u>\$71,128.08</u>	Value of collateral that supports this claim <u>\$0.00</u>
	Creditor's mailing address <u>401 Warren St. #300</u>	Describe the lien <u>Factoring Agreement</u>		
	City <u>Redwood City</u> State <u>CA</u> Zip <u>94063</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number _____			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

(1) Internal Revenue Service; (2) IL Department of Revenue; (3) IL Department of Employment Security; and (4) All other creditors listed on Schedule D are undersecured and junior to IRS

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,798,666.43

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.2	Creditor's name Capital Source	Describe debtor's property that is subject to a lien	\$54,077.50	\$0.00
	Creditor's mailing address 1 North State, Suite 1578	Accounts Receivable		
		Describe the lien Factoring Agreement		
	Chicago IL 60602	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.3	Creditor's name Complete Business Solution Group	Describe debtor's property that is subject to a lien	Unknown	\$0.00
	Creditor's mailing address 22 N. 3rd Street	All assets of the Debtor		
		Describe the lien UCC financing statement		
	Philadelphia PA 19106	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 1:

Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.4

Creditor's name

Corporation Service Company

Describe debtor's property that is subject to a lien

All assets of the Debtor

Creditor's mailing address

PO Box 2576

Describe the lien

UCC financing statement

Is the creditor an insider or related party?

☒ No
 ☐ Yes

Creditor's email address, if known

uccsprep@cscinfo.com

Is anyone else liable on this claim?

☒ No
 ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

Last 4 digits of account number

☐ Contingent
 ☐ Unliquidated
 ☒ Disputed

Do multiple creditors have an interest in the same property?

☒ No
 ☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
 ☐ Yes. The relative priority of creditors is specified on lines _____

Unknown

\$0.00

2.5

Creditor's name

CT Corporation System

Describe debtor's property that is subject to a lien

All assets of the Debtor

Creditor's mailing address

330 N. Brand Blvd., Suite 700

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No
 ☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☐ No
 ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

Last 4 digits of account number

☐ Contingent
 ☐ Unliquidated
 ☒ Disputed

Do multiple creditors have an interest in the same property?

☒ No
 ☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
 ☐ Yes. The relative priority of creditors is specified on lines _____

Unknown

\$0.00

Debtor Bowes In-Home Care, Inc. Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.6 Creditor's name <u>Department of the Treasury</u> Creditor's mailing address <u>Internal Revenue Service</u> <u>Special Procedures Staff - Insolvency</u> <u>PO Box 7346</u> <u>Philadelphia PA 19101-7346</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	Describe debtor's property that is subject to a lien <u>All assets of Debtor</u> Describe the lien <u>Statutory Lien</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,648,098.07</u>	<u>\$163,987.64</u>
--	---	-----------------------	---------------------

1) Department of the Treasury; 2) IL Department of Revenue; 3) IL Department of Employment Security.

☐ Yes. The relative priority of creditors is
 specified on lines _____

2.7 Creditor's name <u>EIN Capital</u> Creditor's mailing address <u>160 Pearl St. 5th Floor</u> _____ <u>New York NY 10005</u> Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Accounts Receivable</u> Describe the lien <u>Factoring Agreement</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$108,575.22</u>	<u>\$0.00</u>
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Debtor Bowes In-Home Care, Inc. Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.8	Creditor's name <u>First Corporate Solutions</u>	Describe debtor's property that is subject to a lien <u>All assets of the Debtor</u>	<u>Unknown</u>	<u>\$0.00</u>
	Creditor's mailing address <u>914 State Street</u>	Describe the lien <u>UCC Financing Statement</u>		
	<u>Sacramento CA 95811-0000</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known <u>sprs@ficoso.com</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number _____			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.9	Creditor's name <u>IL Department of Employment Security</u>	Describe debtor's property that is subject to a lien <u>All assets of the Debtor</u>	<u>\$48,536.98</u>	<u>\$163,987.64</u>
	Creditor's mailing address <u>Revenue Collections Enforcement Unit</u>	Describe the lien <u>Taxes / Statutory Lien</u>		
	<u>33 S State Street 10th Floor</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Chicago IL 60603-2802</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Creditor's email address, if known _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date debt was incurred _____			
	Last 4 digits of account number _____			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.6</u>			

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 1:

Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.10

Creditor's name

IL Department of Revenue

Describe debtor's property that is subject to a lien

All assets of Debtor

\$155,590.48

\$163,987.64

Creditor's mailing address

Bankruptcy Unit

Describe the lien

Taxes / Statutory Lien

PO Box 19035

Is the creditor an insider or related party?

Springfield IL 62794-9035

☒ No
 ☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

Date debt was incurred

☒ No
 ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

As of the petition filing date, the claim is:

Do multiple creditors have an interest in the same property?

Check all that apply.

☐ No
 ☒ Yes. Have you already specified the relative priority?

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

☐ No. Specify each creditor, including this creditor, and its relative priority.
 ☒ Yes. The relative priority of creditors is specified on lines 2.6

2.11

Creditor's name

Lendini/Funding Metrics

Describe debtor's property that is subject to a lien

Accounts receivable and other assets of the Debtor

\$53,936.37

\$0.00

Creditor's mailing address

884 Town Center Dr.

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No
 ☐ Yes

Is anyone else liable on this claim?

☒ No
 ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☒ Disputed

Do multiple creditors have an interest in the same property?

☒ No
 ☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
 ☐ Yes. The relative priority of creditors is specified on lines _____

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.12	Creditor's name McGraw Funding LLC	Describe debtor's property that is subject to a lien All assets of the Debtor	\$93,220.00	\$0.00
	Creditor's mailing address 68 S. Service Rd., Suite 100	Describe the lien UCC financing statement		
	Melville NY 11747	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

2.13	Creditor's name Metrics Evertrust	Describe debtor's property that is subject to a lien Accounts Receivable	\$53,936.37	\$0.00
	Creditor's mailing address 1 Evertrust Plaza	Describe the lien Factoring Agreement		
	Jersey City NJ 07302	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 1:

Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.14

Creditor's name

PAR Funding

Describe debtor's property that is subject to a lien

Accounts Receivable

\$90,617.36

\$0.00

Creditor's mailing address

22 N. 3d St.

Describe the lien

Factoring Agreement

Is the creditor an insider or related party?

☒ No
 ☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No
 ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

Last 4 digits of account number

☒ Contingent
 ☐ Unliquidated
 ☒ Disputed

Do multiple creditors have an interest in the same property?

☒ No
 ☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
 ☐ Yes. The relative priority of creditors is specified on lines _____

2.15

Creditor's name

Sauk Valley Bank

Describe debtor's property that is subject to a lien

All assets of the Debtor

\$241,150.00

\$0.00

Creditor's mailing address

201 West 3rd Street

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No
 ☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☐ No
 ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

Last 4 digits of account number

☐ Contingent
 ☐ Unliquidated
 ☒ Disputed

Do multiple creditors have an interest in the same property?

☒ No
 ☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
 ☐ Yes. The relative priority of creditors is specified on lines _____

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 8

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.16	Creditor's name Skifi Capital Partners, Inc.	Describe debtor's property that is subject to a lien	\$179,800.00	\$0.00
	Creditor's mailing address 7 W. 36th St. Floor 9	Accounts Receivable		
		Describe the lien Factoring agreement		
	New York NY 10018-7158	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Contingent		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

2.17	Creditor's name Standard Financing	Describe debtor's property that is subject to a lien	Unknown	\$0.00
	Creditor's mailing address 40 Wall Street	Accounts Receivable		
		Describe the lien Factoring Agreement		
	New York NY 10005	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Aetna	Line 2.7	_____
ATTN: Kate Zysk		
151 Farmington Ave.		
Hartford CT 06156-9998		
Andrew J. Mertenich	Line 2.15	_____
Prime Law Group, LLC		
747 S. Eastwood Drive		
Woodstock IL 60098		
Joseph S. Koval	Line 2.7	_____
The Law Offices of Joseph S. Koval		
160 Pearl Street, 5th Floor		
New York NY 10015		
New York City Marshall	Line 2.7	_____
Stephen W. Biegel		
109 W. 38th St., Suite 200		
New York NY 10018		
R. Bologna	Line 2.6	_____
Internal Revenue Service		
Small Business/Self Employment Division		
5100 River Road STOP 506		
Schiller Park IL 60176-1058		
Steven Zakharyayev	Line 2.16	_____
1430 Broadway, Suite 402		
New York NY 10018		

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1 -- Continuation Page

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
UnitedHealthcare	Line 2.7	_____
ATTN: Kathleen Nemcheck		
2 Allegheny Center, Suite 600		
Pittsburgh	PA	15212

Fill in this information to identify the case:

Debtor Bowes In-Home Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)()

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">3.1</div> <div style="margin-bottom: 10px;">Nonpriority creditor's name and mailing address</div> <div style="margin-bottom: 10px;">Abidon, Inc.</div> <div style="margin-bottom: 10px;">5301 E. State St., Suite 215</div> <div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">Rockford IL 61108</div> <div style="margin-bottom: 10px;">Date or dates debt was incurred _____</div> <div style="margin-bottom: 10px;">Last 4 digits of account number _____</div>	<div style="margin-bottom: 10px;">As of the petition filing date, the claim is:</div> <div style="margin-bottom: 10px;"><i>Check all that apply.</i></div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Contingent</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Unliquidated</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Disputed</div> <div style="margin-bottom: 10px;">Basis for the claim:</div> <div style="margin-bottom: 10px;">Notice Only</div> <div style="margin-bottom: 10px;">Is the claim subject to offset?</div> <div style="margin-bottom: 10px;"><input checked="" type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes</div>	<div style="text-align: right; margin-bottom: 10px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">3.2</div> <div style="margin-bottom: 10px;">Nonpriority creditor's name and mailing address</div> <div style="margin-bottom: 10px;">Ability Network Inc.</div> <div style="margin-bottom: 10px;">Butler Square</div> <div style="margin-bottom: 10px;">100 North 6th Street, Ste 900A</div> <div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">Minneapolis MN 55403</div> <div style="margin-bottom: 10px;">Date or dates debt was incurred _____</div> <div style="margin-bottom: 10px;">Last 4 digits of account number _____</div>	<div style="margin-bottom: 10px;">As of the petition filing date, the claim is:</div> <div style="margin-bottom: 10px;"><i>Check all that apply.</i></div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Contingent</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Unliquidated</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Disputed</div> <div style="margin-bottom: 10px;">Basis for the claim:</div> <div style="margin-bottom: 10px;">Trade Debt</div> <div style="margin-bottom: 10px;">Is the claim subject to offset?</div> <div style="margin-bottom: 10px;"><input checked="" type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes</div>	<div style="text-align: right; margin-bottom: 10px;">\$7,862.24</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">3.3</div> <div style="margin-bottom: 10px;">Nonpriority creditor's name and mailing address</div> <div style="margin-bottom: 10px;">Ability Network, Inc.</div> <div style="margin-bottom: 10px;">17-17 Route 208 N., Suite 340</div> <div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">Fair Lawn NJ 07410</div> <div style="margin-bottom: 10px;">Date or dates debt was incurred _____</div> <div style="margin-bottom: 10px;">Last 4 digits of account number _____</div>	<div style="margin-bottom: 10px;">As of the petition filing date, the claim is:</div> <div style="margin-bottom: 10px;"><i>Check all that apply.</i></div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Contingent</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Unliquidated</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Disputed</div> <div style="margin-bottom: 10px;">Basis for the claim:</div> <div style="margin-bottom: 10px;">Notice Only</div> <div style="margin-bottom: 10px;">Is the claim subject to offset?</div> <div style="margin-bottom: 10px;"><input checked="" type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes</div>	<div style="text-align: right; margin-bottom: 10px;">\$0.00</div>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">3.4</div> <div style="margin-bottom: 10px;">Nonpriority creditor's name and mailing address</div> <div style="margin-bottom: 10px;">AT&T</div> <div style="margin-bottom: 10px;">c/o Bankruptcy</div> <div style="margin-bottom: 10px;">4331 Communication Drive Flr 4W</div> <div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">_____</div> <div style="margin-bottom: 10px;">Dallas TX 75211</div> <div style="margin-bottom: 10px;">Date or dates debt was incurred _____</div> <div style="margin-bottom: 10px;">Last 4 digits of account number 9 7 6 4</div>	<div style="margin-bottom: 10px;">As of the petition filing date, the claim is:</div> <div style="margin-bottom: 10px;"><i>Check all that apply.</i></div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Contingent</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Unliquidated</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Disputed</div> <div style="margin-bottom: 10px;">Basis for the claim:</div> <div style="margin-bottom: 10px;">Trade Debt</div> <div style="margin-bottom: 10px;">Is the claim subject to offset?</div> <div style="margin-bottom: 10px;"><input checked="" type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes</div>	<div style="text-align: right; margin-bottom: 10px;">\$39,500.00</div>

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div>	Nonpriority creditor's name and mailing address Eaglewood Resort 1401 Nordic road Itasca IL 60143 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,337.40
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div>	Nonpriority creditor's name and mailing address FaxLogic, LLC 15950 N. Dallas Parkway Suite 400 Dallas TX 75248 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,151.38
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div>	Nonpriority creditor's name and mailing address Green Capital 53 Mason St. Greenwich CT 06830 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div>	Nonpriority creditor's name and mailing address IL Department of Employment Security Benefit Payment Control Division PO Box 4385 Chicago IL 60680 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.9</div> Nonpriority creditor's name and mailing address <u>Illinois Department of Public Health</u> <u>122 S. Michigan Ave.</u> <u>7th and 20th Floors</u> <u>Chicago</u> <u>IL</u> <u>60603</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.10</div> Nonpriority creditor's name and mailing address <u>Leaf</u> <u>PO Box 5066</u> <u>Hartford</u> <u>CT</u> <u>06102-5066</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease (Equipment)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,257.61</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.11</div> Nonpriority creditor's name and mailing address <u>Lendini/Funding Metrics</u> <u>3220 Tillman Dr. Ste 200</u> <u>Bensalem</u> <u>PA</u> <u>19020</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.12</div> Nonpriority creditor's name and mailing address <u>Mary Ann Bowes</u> <u>2000 McDonald Rd. Ste 200</u> <u>South Elgin</u> <u>IL</u> <u>60177-3324</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Buyout Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.13</div> Nonpriority creditor's name and mailing address <u>McGraw Funding LLC</u> <u>1001 E Main St. Ste G</u> <u>St. Charles</u> <u>IL</u> <u>60174</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.14</div> Nonpriority creditor's name and mailing address <u>Medline Industries, Inc.</u> <u>Dept. CH 14400</u> <u>Palatine</u> <u>IL</u> <u>60055-4400</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Late fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,149.48</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.15</div> Nonpriority creditor's name and mailing address <u>Mesirow Insurance Services</u> <u>29278 Network PI</u> <u>Chicago</u> <u>IL</u> <u>60673</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.16</div> Nonpriority creditor's name and mailing address <u>Peter Fisk</u> <u>Collection Representative, AMS</u> <u>Windham Professionals, Inc.</u> <u>382 Main St.</u> <u>Salem</u> <u>NH</u> <u>03079</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collecting for - Ability Network, Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div>	Nonpriority creditor's name and mailing address <u>Scott Wolber</u> <u>1108 Avenue A</u> <u>Rock Fall</u> <u>IL</u> <u>61071</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div>	Nonpriority creditor's name and mailing address <u>Trusted Translations</u> <u>66 West Flagler St.</u> <u>Miami</u> <u>FL</u> <u>33130</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,261.57</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div>	Nonpriority creditor's name and mailing address <u>U.S. Small Business Administration</u> <u>500 W. Madison St., Suite 1150</u> <u>Chicago</u> <u>IL</u> <u>60661</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payment Protection Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,582,500.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div>	Nonpriority creditor's name and mailing address <u>U.S. Small Business Administration</u> <u>500 W. Madison St., Suite 1150</u> <u>Chicago</u> <u>IL</u> <u>60661</u> Date or dates debt was incurred <u>7/23/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Economic Injury Disaster Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$149,900.00</u>

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address <u>Xerox Financial Services LLC</u> <u>c/o David E. Cohen</u> <u>Fisher Cohen Waldman Shapiro LLP</u> <u>1247 Waukegan Rd., Ste 100</u> <u>Glenview</u> <u>IL</u> <u>60025</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
---	---	---------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address <u>Xerox Financial Services, LLC</u> <u>1247 Waukegan Rd. Ste 100</u> _____ <u>Glenview</u> <u>IL</u> <u>60025</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>0</u> <u>0</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease (equipment)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$140,746.50</u>
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Debtor Bowes In-Home Care, Inc. Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Allen Maxwell & Silver, Inc.</u> <u>Attn: Rosa Diaz</u> <u>PO Box 540</u> <u>Fair Lawn</u> <u>NJ</u> <u>07410</u>	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain:	<u>9</u> <u>0</u> <u>6</u> <u>2</u>

Debtor Bowes In-Home Care, Inc. Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.00

5b. Total claims from Part 2 5b. + \$1,986,666.18

5c. Total of Parts 1 and 2 5c. \$1,986,666.18
Lines 5a + 5b = 5c.

Fill in this information to identify the case:		
Debtor name	<u>Bowes In-Home Care, Inc.</u>	
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF ILLINOIS</u>	
Case number (if known)	Chapter	<u>11</u>

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Ability Ease for Home Health	Ability Network, Inc.
	State the term remaining		100 N. 6th Street
	List the contract number of any government contract		Suite 900A
			Minneapolis MN 55403
2.2	State what the contract or lease is for and the nature of the debtor's interest	Real Estate Lease (oral) for office space located at 2230 Point Blvd. Ste 100 Elgin, IL 60123	Collura Enterprises, Inc.
	State the term remaining		2230 Point Blvd. Ste 100
	List the contract number of any government contract		
			Elgin IL 60123-9202
2.3	State what the contract or lease is for and the nature of the debtor's interest	Facility Master Services Agreement and Statement of Work	DrFirst.com, Inc.
	State the term remaining		Attn: Legal
	List the contract number of any government contract		9420 Key West Ave., Suite 101
			Rockville MD 20850
2.4	State what the contract or lease is for and the nature of the debtor's interest	Xerox printers Contract is in DEFAULT	Leaf Commercial Capital
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name **Bowes In-Home Care, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.1 In Home Personal Services Inc.	2230 Point Blvd. Ste 100 Number Street Elgin IL 60123-9202 City State ZIP Code	AT&T	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 In Home Personal Services, Inc.	2230 Point Blvd. Ste 100 Number Street Elgin IL 60123 City State ZIP Code	Skifi Capital Partners, Inc.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Michael A. Collura	3506 Carlisle Lane Number Street Carpentersville IL 60110 City State ZIP Code	CT Corporation System	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Michael A. Collura	3506 Carlisle Lane Number Street Carpentersville IL 60110 City State ZIP Code	McGraw Funding LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Michael A. Collura	3506 Carlisle Lane Number Street Carpentersville IL 60110 City State ZIP Code	Department of the Treasury	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.6 Michael A. Collura	3506 Carlisle Lane _____ Number Street Carpentersville IL 60110 _____ City State ZIP Code	Skifi Capital Partners, Inc.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.7 Michael A. Collura	3506 Carlisle Lane _____ Number Street Carpentersville IL 60110 _____ City State ZIP Code	Mary Ann Bowes	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8 Ryan Romanak	6135 Stansbury Lane _____ Number Street Crystal Lake IL 60014 _____ City State ZIP Code	Sauk Valley Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 Ryan Romanak	6135 Stansbury Lane _____ Number Street Crystal Lake IL 60014 _____ City State ZIP Code	McGraw Funding LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor Name **Bowes In-Home Care, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known):

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from Schedule A/B.....

\$0.00

1b. **Total personal property:**
Copy line 91A from Schedule A/B.....

\$2,416,700.29

1c. **Total of all property**
Copy line 92 from Schedule A/B.....

\$2,416,700.29

Part 2: Summary of Liabilities

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$2,798,666.43

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$1,986,666.18

4. **Total liabilities**
Lines 2 + 3a + 3b.....

\$4,785,332.61

Fill in this information to identify the case:

Debtor name Bowes In-Home Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:	From <u>01/01/2020</u> to <u>12/31/2019</u> <small>MM / DD / YYYY</small>	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>(\$246,844.00)</u>
For prior year:	From <u>01/01/2019</u> to <u>12/31/2018</u> <small>MM / DD / YYYY</small>		<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$9,217,000.00</u>
For the year before that:	From <u>01/01/2018</u> to <u>12/31/2017</u> <small>MM / DD / YYYY</small>		<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$13,162,000.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

From the beginning of the fiscal year to filing date:	From <u>01/01/2020</u> to <u>12/31/2019</u> <small>MM / DD / YYYY</small>	Filing date	Description of sources of revenue <u>CARES Act</u>	Gross revenue from each source (before deductions and exclusions) <u>\$424,977.69</u>
For prior year:	From <u>01/01/2019</u> to <u>12/31/2018</u> <small>MM / DD / YYYY</small>		<u>N/A</u>	<u>\$0.00</u>
For the year before that:	From <u>01/01/2018</u> to <u>12/31/2017</u> <small>MM / DD / YYYY</small>		<u>N/A</u>	<u>\$0.00</u>
From the beginning of the fiscal year to filing date:	From <u>01/01/2020</u> to <u>12/31/2019</u> <small>MM / DD / YYYY</small>	Filing date	Description of sources of revenue <u>U.S. SBA PPP Loan</u>	Gross revenue from each source (before deductions and exclusions) <u>\$1,582,500.00</u>
For prior year:	From <u>01/01/2019</u> to <u>12/31/2018</u> <small>MM / DD / YYYY</small>		<u>N/A</u>	<u>\$0.00</u>
For the year before that:	From <u>01/01/2018</u> to <u>12/31/2017</u> <small>MM / DD / YYYY</small>		<u>N/A</u>	<u>\$0.00</u>

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>07/23/2020</u> to <u>MM/DD/YYYY</u>	Filing date	Economic Injury Disaster Loan	\$149,900.00
For prior year:	From <u>07/23/2019</u> to <u>07/22/2020</u> <u>MM/DD/YYYY</u>	<u>MM/DD/YYYY</u>		
For the year before that:	From <u>07/23/2018</u> to <u>07/22/2019</u> <u>MM/DD/YYYY</u>	<u>MM/DD/YYYY</u>		

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attached. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Mimiel Collura Insider's name 3506 Carlisle Lane Street Carpenterville IL 60110 City State ZIP Code		\$18,052.61	Expense reimbursement
Relationship to debtor Spouse of M. Collura, President of Debto			

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.2. In Home Personal Services	Various	\$1,661,100.00	
Insider's name			
2230 Point Blvd., Suite 100			
Street			
Elgin	TX	60123	
City	State	ZIP Code	
Relationship to debtor			
Affiliate			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
24 Capital / Sam Selmer	ACH drafts - non-funding completion		\$75,000.00
Creditor's name			
456 A. Central Ave.			
Street			
Suite 128			
Cedarhurst	NY	11516	Last 4 digits or account number: XXXX- ____
City	State	ZIP Code	

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
EIN Cap Inc.	UnitedHealthcare garnishment re EIN Cap Inc. lien	7/29/2020	\$14,588.00
Creditor's name			
160 Pearl Street, 5th Floor			
Street			
New York	NY	10015	Last 4 digits or account number: XXXX- ____
City	State	ZIP Code	

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
EIN Cap Inc.	Aetna garnishment for EIN Cap Inc. lien	5/29/2020	
Creditor's name			
160 Pearl Street, 5th Floor			
Street			
New York	NY	10015	Last 4 digits or account number: XXXX- ____
City	State	ZIP Code	

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Morgan Carozza v. Bowes In Home Care Inc. and Michael A. Collura	Wage claim.	Illinois Department of Labor Name 160 N. LaSalle St. Street Floor 13, Suite C-1300	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 20-000312		Chicago IL 60601 City State ZIP Code	
7.2. Elizabeth Yohman v. Bowes In Home Care Inc. and Michael A. Collura	Wage claim	Illinois Department of Revenue Name 160 N. LaSalle St. Street Floor 13, Suite C-1300	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 20-000392		Chicago IL 60601 City State ZIP Code	
7.3. Jennifer Girardi v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor Name 160 N. LaSalle St. Street Floor 13, Suite C-1300	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 20-00080		Chicago IL 60601 City State ZIP Code	
7.4. Joy Lawrence v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor Name 160 N. LaSalle St. Street Floor 13, Suite C-1300	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 20-000396		Chicago IL 60601 City State ZIP Code	
7.5. Katelyn Ciszon v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor Name 160 N. LaSalle St. Street Floor 13, Suite C-1300	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 20-000373		Chicago IL 60601 City State ZIP Code	

Debtor Bowes In-Home Care, Inc.		Case number (if known) _____	
Name			

Case title	Nature of case	Court or agency's name and address	Status of case
7.6. Kathryn Huck v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000587		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.7. Lisa Chiodo v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000314		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.8. Lisa Wessels v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000567		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.9. Mary Rozynek v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000349		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.10. Nancy Murray v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000480		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.11. Rebecca Fries v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000313		City	State ZIP Code

Debtor Bowes In-Home Care, Inc.		Case number (if known) _____	
Name			

Case title	Nature of case	Court or agency's name and address	Status of case
7.12. Traci Wildey v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000435		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.13. Alejandra Gonzalez v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000360		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.14. Susan Wrzeszcz v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000444		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.15. Ivett Escalante v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000344		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.16. Jennifer Kasselder v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000350		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.17. Kendra Kulans v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000928		City	State ZIP Code

Debtor Bowes In-Home Care, Inc.		Case number (if known) _____	
Name			

	Case title	Nature of case	Court or agency's name and address	Status of case
7.18.	Morgan Carozza v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000312		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.19.	Brittany Gamss v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000486		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.20.	Jon Verdoni v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000461		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.21.	Jennifer Krieger-Bell v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000354		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.22.	Jennifer Poett v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000442		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.23.	Kimberly Feczko v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000337		City	State ZIP Code

Debtor Bowes In-Home Care, Inc.		Case number (if known) _____	
Name			

	Case title	Nature of case	Court or agency's name and address	Status of case
7.24.	Kristen Leaf v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000331		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.25.	Lindsey Kaleel v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000338		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.26.	Mary Ann Tyler v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000365		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.27.	Marlena Young v. Bowes In Home Care and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle St.	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000586		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.28.	Penny Beelendorf v. Bowes In Home Care, Inc. and Michael Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle Street	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000545		City	State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.29.	Akata Sharma v. Bowes In Home Care Inc. and Michael A. Collura	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
			Name	<input type="checkbox"/> On appeal
			160 N. LaSalle Street	<input checked="" type="checkbox"/> Concluded
			Street	
			Floor 13, Suite C-1300	
	Case number		Chicago	IL 60601
	20-000368		City	State ZIP Code

Debtor Bowes In-Home Care, Inc.		Case number (if known) _____	
Name			

7.30.	Case title Rhiannon Duff v. Bowes In Home Care Inc. and Michael A. Collura	Nature of case Wage claim	Court or agency's name and address Illinois Department of Labor Name 160 N. LaSalle Street Street Floor 13, Suite C-1300	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 20-000346		Chicago IL 60601 City State ZIP Code	

7.31.	Case title Yvonne Gagliano v. Bowes In Home Care Inc. and Michael A. Collura	Nature of case Wage claim	Court or agency's name and address Illinois Department of Labor Name 160 N. LaSalle Street Street Floor 13, Suite C-1300	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 20-000405		Chicago IL 60601 City State ZIP Code	

7.32.	Case title Amy Selle v. Bowes In Home Care Inc. and Michael A. Collura	Nature of case Wage claim	Court or agency's name and address Illinois Department of Labor Name 160 N. LaSalle Street Street Floor 13, Suite C-1300	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 20-000361		Chicago IL 60601 City State ZIP Code	

7.33.	Case title Nicole Duppler v. Bowes In Home Care Inc. and Michael A. Collura	Nature of case Wage claim	Court or agency's name and address Illinois Department of Labor Name 160 N. LaSalle Street Street Floor 13, Suite C-1300	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 20-000437		Chicago IL 60601 City State ZIP Code	

7.34.	Case title Geoffrey Beck v. Bowes In Home Care Inc. and Michael A. Collura	Nature of case Wage claim	Court or agency's name and address Illinois Department of Labor Name 160 N. LaSalle Street Street Floor 13, Suite C-1300	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 20-000443		Chicago IL 60601 City State ZIP Code	

7.35.	Case title Michelle Carlevato v. Bowes In Home Care Inc. and Michael A. Collura	Nature of case Wage claim	Court or agency's name and address Illinois Department of Labor Name 160 N. LaSalle Street Street Floor 13, Suite C-1300	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number 20-000385		Chicago IL 60601 City State ZIP Code	

Debtor Bowes In-Home Care, Inc.		Case number (if known) _____	
Name			

Case title	Nature of case	Court or agency's name and address	Status of case
7.36. Kermalene Ellsworth v. Bowes In Home Care Inc.	Wage claim	Illinois Department of Labor	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		160 N. LaSalle Street	<input checked="" type="checkbox"/> Concluded
		Street	
		Floor 13, Suite C-1300	
Case number		Chicago	IL 60601
20-000339		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.37. Jennifer Poett v. Michael Collura d/b/a Bowes In Home Care Inc.	Wage claim	22nd Circuit Court, McHenry County	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		2200 N. Seminary Avenue	<input checked="" type="checkbox"/> Concluded
		Street	
Case number		Woodstock	IL 60098
20LM000120		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.38. Skifi Capital Partners, Inc. v. Bowes In Home Care, In Home Personal Care, Inc. and Michael A. Collura	Breach of contract	Supreme Court of New York - Kings C	<input checked="" type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		360 Adams Street #4	<input type="checkbox"/> Concluded
		Street	
Case number		Brooklyn	NY 11201
509798/2020		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.39. Xerox Financial Services LLC v. In Home Personal Services, Inc.	Breach of lease (Note: this Debtor is not a defendant in this case; however, the leased equipment was only used by the Debtor)	22nd Circuit Court, McHenry County, I	<input checked="" type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		2200 N Seminary Ave. #136	<input type="checkbox"/> Concluded
		Street	
Case number		Woodstock	IL 60098
20 LA 000119		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.40. Vivien Porter v. Michael A. Collura and Bowes In Home Care, Inc.	Wage claim	22nd Circuit Court of McHenry County	<input type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		2200 N. Seminary Ave. #136	<input checked="" type="checkbox"/> Concluded
		Street	
Case number		Woodstock	IL 60098
20 SC 000504		City	State ZIP Code

Case title	Nature of case	Court or agency's name and address	Status of case
7.41. McGraw Capital Partners LLC v. Bowes In Home Care, Inc., et al.	Breach of contract	22nd Circuit Court of McHenry County	<input checked="" type="checkbox"/> Pending
		Name	<input type="checkbox"/> On appeal
		2200 N Seminary Ave. #136	<input type="checkbox"/> Concluded
		Street	
Case number		Woodstock	IL 60098
20 LA 000150		City	State ZIP Code

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Name

	Case title	Nature of case	Court or agency's name and address	Status of case
7.42.	KPR US LLC v. Bowes In Home Care, Inc.	Forcible entry and detainer, eviction	22nd Circuit Court of McHenry County Name 2200 N. Seminary Ave. #136 Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Case number

20 LA 000077

Woodstock IL 60098

City State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.43.	EIN Cap Inc. v. Bowes In-Home Care, Inc.	Breach of contract	Supreme Court of New York Name County of Kings Street 360 Adams St. #4	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case number

503668/2020

Brooklyn NY 11201

City State ZIP Code

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 206A/B (Schedule A/B: Assets -- Real and Personal Property).	Date of loss	Value of property lost
Theft of medical and office supplies	\$4,981.00	02/09/2020	\$9,981.00

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1. Clark Hill PLC		07/10/2020 07/13/2020	\$60,000.00
Address			
130 E. Randolph St., Suite 3900			
Street			
Chicago IL 60601			
City State ZIP Code			
Email or website address			
www.clarkhill.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy
14.1. 813 Tek Drive	From 4/1/2017 To 2/17/2020
Street	
Crystal Lake IL 60014	
City State ZIP Code	

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?
- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained
Patient personal information and medical records
Does the debtor have a privacy policy about that information?
☐ No.
☒ Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?
☒ No. Go to Part 10.
☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. BMO Harris Bank Name 1105 S. Illinois Route 31 Street Crystal Lake IL 60014 City State ZIP Code	XXXX- <u>4</u> <u>9</u> <u>9</u> <u>7</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$0.76

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Life Storage Name	Michael Collura	Files and furniture stored in	<input type="checkbox"/> No
2253 Randall Road Street	Address	three (3) units.	<input checked="" type="checkbox"/> Yes
Carpentersville City	2230 Point Blvd., Suite 100 Elgin, IL 60123		
IL 60110 State ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

☒ No
☐ Yes. Provide details below.

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address		Dates of service	
		From	To
26a.1.	Weiss Sugar Dvorak & Dusek Ltd.	2015	Present
	Name		
	20 N. Wacker, Suite 2250		
	Street		

Chicago	IL	60606
City	State	ZIP Code

Name and address		Dates of service	
		From	To
26a.2.	Marielena O. Kenny		
	Name		
	Medicare Cost Reporting Services LLC		
	Street		

Chicago	IL	
City	State	ZIP Code

Name and address		Dates of service	
		From	To
26a.3.	Bill Hartmann	March 2019	April 2019
	Name		
	3713 E Lake Shore Drive		
	Street		

Wonder Lake	IL	60097
City	State	ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address		Dates of service	
		From	To
26b.1.	Weiss Sugar Dvorak & Dusek Ltd.	2015	Present
	Name		
	303 W. Madison St., Suite 2075		
	Street		

Chicago	IL	60606
City	State	ZIP Code

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Weiss Sugar Dvorak Dusek Ltd.**

Name

20 N. Wacker, Suite 2250

Street

Chicago

City

IL

State

60606

ZIP Code

Name and address

If any books of account and records are unavailable, explain why

26c.2. **Michael A. Collura**

Name

3506 Carlisle Lane

Street

Carpentersville

City

IL

State

60110

ZIP Code

Name and address

If any books of account and records are unavailable, explain why

26c.3. **St. Clair, CPA**

Name

101 W Elm St., Suite 500

Street

Conshohocken

City

PA

State

19428

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Capital Source**

Name

1 North State St. Suite 1578

Street

Chicago

City

IL

State

60602

ZIP Code

Name and address

26d.2. **EIN Capital**

Name

160 Pearl Street, 5th Floor

Street

New York

City

NY

State

10005

ZIP Code

Name and address

26d.3. **Green Capital**

Name

53 Mason St.

Street

Greenwich

City

CT

State

06830

ZIP Code

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____

Name

Name and address

26d.4. **Celtic Bank Bluevine**

Name

401 Warren St.

Street

Redwood City

City

CA

State

94063

ZIP Code

Name and address

26d.5. **Metrics Evertrust**

Name

1 Evertrust Plaza

Street

Jersey City

City

NJ

State

07302

ZIP Code

Name and address

26d.6. **McGraw Funding**

Name

1001 E. Main St. Suite G

Street

St. Charles

City

IL

State

60174

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.

☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Michael A. Collura	3506 Carlisle Lane Carpentersville, IL 60110	President / Ownership	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Ryan Romanak	6135 Stansbury Lane Lakewood, IL 60014	COO	From <u>10/2010</u> To <u>2/12/2020</u>

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1.	Michael A. Collura Name 3506 Carlisle Lane Street Carpentersville IL 60110 City State ZIP Code	\$224,672.91	See attached.	Compensation
	Relationship to debtor President			
30.2.	Mimiel Collura Name 3506 Carlisle Lane Street Carpentersville IL 60110 City State ZIP Code	\$22,846.72	See attached.	Compensation
	Relationship to debtor Employee (wife of Michael Collura)			
30.3.	Ryan Romanak Name 6135 Stansbury Lane Street Crystal Lake IL 60014 City State ZIP Code	\$108,994.54	See attached detail.	Compensation
	Relationship to debtor Former COO (resigned 2/12/2020)			
30.4.	Ryan Romanak Name 6135 Stansbury Lane Street Crystal Lake IL 60014 City State ZIP Code	Distribution \$20,000.00	2019	Shareholder distribution
	Relationship to debtor Former COO (resigned 2/12/2020)			

Debtor Bowes In-Home Care, Inc. Case number (if known) _____

Name

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.5. <u>Michael Collura</u> Name <u>3506 Carlisle Lane</u> Street	Distribution \$60,000.00	2019	Shareholder distribution
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Carpentersville IL 60110
City State ZIP Code

Relationship to debtor

President

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.6. <u>Michael Collura</u> Name <u>3506 Carlisle Lane</u> Street	\$537,575.00	Various	Loans
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Carpentersville IL 60110
City State ZIP Code

Relationship to debtor

President

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/20/2020
MM / DD / YYYY

X /s/ Michael A. Collura Printed name Michael A. Collura
Signature of individual signing on behalf of the debtor
Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

2:42 PM

08/20/20

Accrual Basis

Bowes In Home Care
Transaction Detail By Account
May 22 through August 20, 2020

Type	Date	Num	Name	Amount
Telephone Expense				
Check	08/07/2020	47076	AnSer	300.00
Check	05/26/2020	47021	AT&T	2,274.72
Check	06/18/2020	47035	AT&T	19,501.53
Check	06/22/2020	47042	AT&T	910.10
Check	07/02/2020	47047	AT&T	9,683.00
Check	07/22/2020	47067	AT&T	898.40
Check	08/10/2020	47081	AT&T	9,683.00
Check	07/31/2020	47084	AT&T	19,366.00
Check	07/07/2020	47051	PerCom	500.15
Check	05/26/2020	47020	Verizon	387.48
Check	06/18/2020	47037	Verizon	268.07
Check	07/28/2020	47073	Verizon	295.35
Total Telephone Expense				64,067.80
TOTAL				64,067.80

Bowes In Home Care
Transaction Detail By Account
May 22 through August 20, 2020

2:43 PM

08/20/20

Accrual Basis

Type	Date	Num	Name	Amount
Goldberg Law Group, LLC				
Check	07/10/2020	47053	Goldberg Law Group, ...	3,675.00
Total Goldberg Law Group, LLC				3,675.00
Medicare Cost Reporting Services, LLC				
Check	07/25/2020	47070	Medicare Cost Reporti...	2,900.00
Total Medicare Cost Reporting Services, LLC				2,900.00
Mullen Coughlin LLC				
Check	06/17/2020	47032	Mullen Coughlin LLC	4,760.00
Total Mullen Coughlin LLC				4,760.00
O'Hagan Meyer				
Check	06/17/2020	47033	O'Hagan Meyer	12,233.50
Total O'Hagan Meyer				12,233.50
Roberto Legarda				
Check	05/22/2020	47018	Roberto Legarda	2,220.00
Check	05/29/2020	47025	Roberto Legarda	1,830.00
Check	06/11/2020	47026	Roberto Legarda	2,100.00
Check	06/18/2020	47034	Roberto Legarda	2,250.00
Check	06/26/2020	47045	Roberto Legarda	2,400.00
Check	07/03/2020	47048	Roberto Legarda	2,490.00
Total Roberto Legarda				13,290.00
St. Clair CPAs PC				
Check	07/16/2020	47056	St. Clair CPAs PC	1,690.00
Check	07/16/2020	47060	St. Clair CPAs PC	1,430.00
Check	08/08/2020	47077	St. Clair CPAs PC	5,250.00
Check	08/08/2020	47078	St. Clair CPAs PC	1,835.00
Total St. Clair CPAs PC				10,205.00
TOTAL				47,063.50

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08/20/20

Accrual Basis

Bowes In Home Care
Transaction Detail By Account
May 22 through August 20, 2020

Type	Date	Num	Name	Amount
United Healthcare Services				
Check	06/10/2020	DD	United Healthcare Services	16,859.93
Check	07/08/2020	dd	United Healthcare Services	16,478.46
Check	08/05/2020	dd	United Healthcare Services	15,156.18
Total United Healthcare Services				48,494.57
Unum				
Check	05/29/2020	DD	Unum	1,347.16
Check	05/29/2020	DD	Unum	219.08
Check	07/07/2020	DD	Unum	1,347.16
Check	07/07/2020	DD	Unum	219.08
Total Unum				3,132.48
TOTAL				51,627.05

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08/20/20

Accrual Basis

Bowes In Home Care
Transaction Detail By Account
May 22 through August 20, 2020

Type	Date	Num	Name	Amount
Allscripts				
Check	07/07/2020	47052	Allscripts	979.86
Total Allscripts				979.86
HealthCare First				
Check	06/17/2020	47027	HealthCare First	100.00
Check	07/10/2020	47054	HealthCare First	100.00
Check	07/31/2020	47083	HealthCare First	100.00
Total HealthCare First				300.00
Illinois State Police				
Credit Card Charge	06/23/2020	dd	Illinois State Police	11.00
Total Illinois State Police				11.00
JHACO				
Check	07/13/2020	47055	JHACO	2,525.00
Total JHACO				2,525.00
WellSky				
Check	06/18/2020	47036	WellSky	27,075.00
Check	07/02/2020	47046	WellSky	3,530.00
Check	07/25/2020	47071	WellSky	10,723.33
Total WellSky				41,328.33
TOTAL				45,144.19

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07/16/20

Accrual Basis

Bowes In Home Care
Employee QuickReport
 July 1, 2019 through July 16, 2020

Type	Date	Num	Memo	Account	Clr	Amount
Collura, Michael						
Paycheck	07/12/2019	217832		Harris BIHC Payroll	X	11,455.05
Paycheck	07/26/2019	217986		Harris BIHC Payroll	X	12,565.88
Paycheck	08/09/2019	218149	VOID:	Harris BIHC Payroll	X	0.00
Check	08/20/2019	dd		Harris BIHC Payroll	X	7,000.00
Check	08/22/2019	dd		Harris BIHC Deposit ...	X	7,000.00
Check	09/16/2019	dd		Harris BIHC Payroll	X	10,000.00
Check	09/20/2019	46898		Harris BIHC Operatio...	X	28,000.00
Check	10/18/2019	46917		Harris BIHC Operatio...	X	20,000.00
Paycheck	11/01/2019	219243		Harris BIHC Payroll	X	12,565.88
Paycheck	11/15/2019	219391		Harris BIHC Payroll	X	12,565.88
Paycheck	11/29/2019	219553		Harris BIHC Payroll	X	12,430.89
Paycheck	12/13/2019	219725		Harris BIHC Payroll	X	12,404.63
Check	12/20/2019	dd		Harris BIHC Payroll	X	10,000.00
Paycheck	12/27/2019	219879		Harris BIHC Payroll	X	12,404.64
Paycheck	01/10/2020	220029	VOID:	Harris BIHC Payroll	X	0.00
Paycheck	01/17/2020	220204		Harris BIHC Payroll	X	11,487.05
Paycheck	01/24/2020	220343	VOID:	Harris BIHC Payroll	X	0.00
Check	05/01/2020	220656	business expe...	Harris BIHC Payroll	X	13,438.94
Paycheck	05/01/2020	220658		Harris BIHC Payroll	X	11,487.06
Paycheck	05/15/2020	220679		Harris BIHC Payroll	X	2,559.21
Paycheck	05/29/2020	220707		Harris BIHC Payroll	X	2,559.22
Paycheck	05/29/2020	220725		Harris BIHC Payroll	X	1,916.24
Paycheck	06/12/2020	220743		Harris BIHC Payroll	X	2,559.20
Paycheck	06/26/2020	230005	VOID:	Harris BIHC Payroll 2...	X	0.00
Paycheck	06/26/2020	230027	VOID:	Harris BIHC Payroll 2...	X	0.00
Paycheck	06/26/2020	230053	Replacement o...	Harris BIHC Payroll 2...	X	2,559.21
Paycheck	06/26/2020	230075	Replacement o...	Harris BIHC Payroll 2...	X	4,929.31
Paycheck	07/10/2020	230080		Harris BIHC Payroll 2...		2,784.62
Total Collura, Michael						224,672.91
TOTAL						224,672.91

11:47 AM

07/16/20

Accrual Basis

Bowes In Home Care
Employee QuickReport
 January 1 through July 16, 2020

Type	Date	Num	Memo	Account	Clr	Amount
Collura, Mimi S						
Paycheck	05/01/2020	220660		Harris BIHC Payroll	X	2,814.46
Paycheck	05/15/2020	220680		Harris BIHC Payroll	X	3,241.11
Paycheck	05/29/2020	220708		Harris BIHC Payroll	X	2,814.46
Paycheck	05/29/2020	220726		Harris BIHC Payroll	X	4,504.37
Paycheck	06/12/2020	220744		Harris BIHC Payroll	X	2,814.47
Paycheck	06/26/2020	230006	VOID:	Harris BIHC Payroll 2...	X	0.00
Paycheck	06/26/2020	230028	VOID:	Harris BIHC Payroll 2...	X	0.00
Paycheck	06/26/2020	230054	Replacement o...	Harris BIHC Payroll 2...		2,814.46
Paycheck	06/26/2020	230076	Replacement o...	Harris BIHC Payroll 2...		1,028.93
Paycheck	07/10/2020	230081		Harris BIHC Payroll 2...		2,814.46
Total Collura, Mimi S						22,846.72
TOTAL						22,846.72

11:46 AM

07/16/20

Bowes In Home Care
Vendor QuickReport
All Transactions

Type	Date	Num	Memo	Account	Clr	Amount
Collura, Mimiel Check	05/01/2020	220657	business expense	Harris BIHC Payroll	X	-18,082.61

11:53 AM

07/16/20

Accrual Basis

Bowes In Home Care
Employee QuickReport
 July 1, 2019 through July 16, 2020

Type	Date	Num	Memo	Account	Clr	Amount
Romanak, Ryan						
Paycheck	07/12/2019	217906		Harris BIHC Payroll	X	9,049.65
Paycheck	07/26/2019	218062		Harris BIHC Payroll	X	9,049.65
Paycheck	08/09/2019	218221		Harris BIHC Payroll	X	9,049.65
Paycheck	08/23/2019	218369		Harris BIHC Payroll	X	7,519.70
Paycheck	09/06/2019	218543		Harris BIHC Payroll	X	7,486.19
Check	09/19/2019	46897	payroll 9/20/19 error	Harris BIHC Opera...	X	7,500.00
Paycheck	10/04/2019	219011		Harris BIHC Payroll	X	5,636.42
Paycheck	10/18/2019	219169		Harris BIHC Payroll	X	5,636.41
Paycheck	11/01/2019	219321		Harris BIHC Payroll	X	5,636.41
Paycheck	11/15/2019	219467		Harris BIHC Payroll	X	5,091.83
Paycheck	11/29/2019	219632		Harris BIHC Payroll	X	5,636.41
Paycheck	12/13/2019	219803		Harris BIHC Payroll	X	5,636.41
Paycheck	12/27/2019	219957		Harris BIHC Payroll	X	5,636.43
Paycheck	01/10/2020	220105	VOID:	Harris BIHC Payroll	X	0.00
Paycheck	01/17/2020	220281		Harris BIHC Payroll	X	5,249.46
Paycheck	01/24/2020	5345	Pd. fr FB 1/30; initially processed in BIHC ck# 220414 ; J...	Harris BIHC Payroll	X	5,249.47
Paycheck	02/07/2020	220561		Harris BIHC Payroll	X	5,249.47
Paycheck	02/21/2020	220611		Harris BIHC Payroll	X	4,680.98
Paycheck	03/06/2020		VOID: per Iris, pay only till 2.7.20 and not 2.12.20. Final in...	Harris BIHC Payroll	X	0.00
Total Romanak, Ryan						108,994.54
TOTAL						108,994.54

Fill in this information to identify the case:

Debtor name Bowes In-Home Care, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 U.S. Small Business Administration 500 W. Madison St., Suite 1150 Chicago, IL 60661		Payment Protection Loan				\$1,582,500.00
2 Department of the Treasury Internal Revenue Service Special Procedures Staff - Insolvency PO Box 7346				\$1,648,098.07	\$163,987.64	\$1,484,110.43
3 Sauk Valley Bank 201 West 3rd Street Sterling IL 61081		UCC Financing Statement	Disputed	\$241,150.00	\$0.00	\$241,150.00
4 Skifi Capital Partners, Inc. 7 W. 36th St. Floor 9 New York, NY 10018-7158		Factoring agreement	Contingent Unliquidated Disputed	\$179,800.00	\$0.00	\$179,800.00
5 IL Department of Revenue Bankruptcy Unit PO Box 19035 Springfield, IL 62794-9035		Taxes		\$155,590.48	\$0.00	\$155,590.48

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	U.S. Small Business Administration 500 W. Madison St., Suite 1150 Chicago, IL 60661		Economic Injury Disaster Loan				\$149,900.00
7	Xerox Financial Services, LLC 1247 Waukegan Rd. Ste 100 Glenview, IL 60025		Lease (equipment)	Disputed			\$140,746.50
8	EIN Capital 160 Pearl St. 5th Floor New York, NY 10005		Factoring Agreement	Disputed	\$108,575.22	\$0.00	\$108,575.22
9	McGraw Funding LLC 68 S. Service Rd., Suite 100 Melville, NY 11747		UCC financing statement	Disputed	\$93,220.00	\$0.00	\$93,220.00
10	PAR Funding 22 N. 3d St. Philadelphia, PA 19106		Factoring Agreement	Disputed	\$90,617.36	\$0.00	\$90,617.36
11	BlueVine/Celtic Bank 401 Warren St. #300 Redwood City, CA 94063		Factoring Agreement	Disputed	\$71,128.08	\$0.00	\$71,128.08
12	Capital Source 1 North State, Suite 1578 Chicago, IL 60602		Factoring Agreement	Disputed	\$54,077.50	\$0.00	\$54,077.50
13	Metrics Evertrust 1 Evertrust Plaza Jersey City, NJ 07302		Factoring Agreement	Disputed	\$53,936.37	\$0.00	\$53,936.37

Debtor **Bowes In-Home Care, Inc.** Case number (if known) _____
Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	Lendini/Funding Metrics 884 Town Center Dr. Langhorne PA 19047-1748		UCC Financing Statement	Disputed	\$53,936.37	\$0.00	\$53,936.37
15	IL Department of Employment Security Revenue Collections Enforcement Unit 33 S State Street 10th Floor		Taxes		\$48,536.98	\$0.00	\$48,536.98
16	AT&T c/o Bankruptcy 4331 Communication Drive Flr 4W Dallas, TX 75211		Trade Debt				\$39,500.00
17	Eaglewood Resort 1401 Nordic road Itasca, IL 60143		Trade Debt				\$36,337.40
18	Leaf PO Box 5066 Hartford, CT 06102-5066		Lease (Equipment)	Disputed			\$18,257.61
19	Medline Industries, Inc. Dept. CH 14400 Palatine IL 60055-4400		Late fees	Disputed			\$8,149.48
20	Ability Network Inc. Butler Square 100 North 6th Street, Ste 900A Minneapolis, MN 55403		Trade Debt				\$7,862.24

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE: **Bowes In-Home Care, Inc.**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 8/20/2020

Signature /s/ Michael A. Collura
Michael A. Collura
President

Date _____

Signature _____

Abidon, Inc.
5301 E. State St., Suite 215
Rockford, IL 61108

Ability Network Inc.
Butler Square
100 North 6th Street, Ste 900A
Minneapolis, MN 55403

Ability Network, Inc.
17-17 Route 208 N., Suite 340
Fair Lawn, NJ 07410

Aetna
ATTN: Kate Zysk
151 Farmington Ave.
Hartford, CT 06156-9998

Allen Maxwell & Silver, Inc.
Attn: Rosa Diaz
PO Box 540
Fair Lawn NJ 07410

Andrew J. Mertzenich
Prime Law Group, LLC
747 S. Eastwood Drive
Woodstock, IL 60098

AT&T
c/o Bankruptcy
4331 Communication Drive Flr 4W
Dallas, TX 75211

BlueVine/Celtic Bank
401 Warren St. #300
Redwood City, CA 94063

Capital Source
1 North State, Suite 1578
Chicago, IL 60602

Complete Business Solution Group
22 N. 3rd Street
Philadelphia, PA 19106

Corporation Service Company
PO Box 2576
Springfield, IL 62708

CT Corporation System
330 N. Brand Blvd., Suite 700
Glendale, CA 91203

Department of the Treasury
Internal Revenue Service
Special Procedures Staff - Insolvency
PO Box 7346
Philadelphia, PA 19101-7346

Eaglewood Resort
1401 Nordic road
Itasca, IL 60143

EIN Capital
160 Pearl St. 5th Floor
New York, NY 10005

FaxLogic, LLC
15950 N. Dallas Parkway
Suite 400
Dallas, TX 75248

First Corporate Solutions
914 State Street
Sacramento CA 95811-0000

Green Capital
53 Mason St.
Greenwich CT 06830

IL Department of Employment Security
Benefit Payment Control Division
PO Box 4385
Chicago, IL 60680

IL Department of Employment Security
Revenue Collections Enforcement Unit
33 S State Street 10th Floor
Chicago IL 60603-2802

IL Department of Revenue
Bankruptcy Unit
PO Box 19035
Springfield, IL 62794-9035

Illinois Department of Public Health
122 S. Michigan Ave.
7th and 20th Floors
Chicago, IL 60603

In Home Personal Services Inc.
2230 Point Blvd. Ste 100
Elgin, IL 60123-9202

In Home Personal Services, Inc.
2230 Point Blvd. Ste 100
Elgin, IL 60123

Joseph S. Koval
The Law Offices of Joseph S. Koval
160 Pearl Street, 5th Floor
New York, NY 10015

Leaf
PO Box 5066
Hartford, CT 06102-5066

Lendini/Funding Metrics
884 Town Center Dr.
Langhorne PA 19047-1748

Lendini/Funding Metrics
3220 Tillman Dr. Ste 200
Bensalem PA 19020

Mary Ann Bowes
2000 McDonald Rd. Ste 200
South Elgin, IL 60177-3324

McGraw Funding LLC
68 S. Service Rd., Suite 100
Melville, NY 11747

McGraw Funding LLC
1001 E Main St. Ste G
St. Charles, IL 60174

Medline Industries, Inc.
Dept. CH 14400
Palatine IL 60055-4400

Mesirow Insurance Services
29278 Network Pl
Chicago IL 60673

Metrics Evertrust
1 Evertrust Plaza
Jersey City, NJ 07302

Michael A. Collura
3506 Carlisle Lane
Carpentersville, IL 60110

New York City Marshall
Stephen W. Biegel
109 W. 38th St., Suite 200
New York, NY 10018

PAR Funding
22 N. 3d St.
Philadelphia, PA 19106

Peter Fisk
Collection Representative, AMS
Windham Professionals, Inc.
382 Main St.
Salem, NH 03079

R. Bologna
Internal Revenue Service
Small Business/Self Employment Division
5100 River Road STOP 506
Schiller Park, IL 60176-1058

Ryan Romanak
6135 Stansbury Lane
Crystal Lake, IL 60014

Sauk Valley Bank
201 West 3rd Street
Sterling IL 61081

Scott Wolber
1108 Avenue A
Rock Fall IL 61071

Skifi Capital Partners, Inc.
7 W. 36th St. Floor 9
New York, NY 10018-7158

Standard Financing
40 Wall Street
New York, NY 10005

Steven Zakharyayev
1430 Broadway, Suite 402
New York, NY 10018

Trusted Translations
66 West Flagler St.
Miami, FL 33130

U.S. Small Business Administration
500 W. Madison St., Suite 1150
Chicago, IL 60661

UnitedHealthcare
ATTN: Kathleen Nemcheck
2 Allegheny Center, Suite 600
Pittsburgh PA 15212

Xerox Financial Services LLC
c/o David E. Cohen
Fisher Cohen Waldman Shapiro LLP
1247 Waukegan Rd., Ste 100
Glenview, IL 60025

Xerox Financial Services, LLC
1247 Waukegan Rd. Ste 100
Glenview, IL 60025

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE:
Bowes In-Home Care, Inc.

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
Michael A. Collura 3506 Carlisle Ln. Carpentersville, IL 60110	Common Stock	100	100%

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the S-Corp
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 8/20/2020

Signature: /s/ Michael A. Collura
Michael A. Collura
President

Fill in this information to identify the case and this filing:

Debtor Name Bowes In-Home Care, Inc.
United States Bankruptcy Court for the: Northern District of Illinois
(State)
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/20/2020
MM / DD / YYYY

x



Signature of individual signing on behalf of debtor

Michael Collura

Printed name

President

Position or relationship to debtor

**WRITTEN CONSENT OF DIRECTORS OF
BOWES IN-HOME CARE, INC.**

Pursuant to Illinois law, the undersigned, being the director of Bowes In-Home Care, Inc. (the “**Director**”), an Illinois corporation (the “**Company**”) hereby agrees to and adopts the following resolutions by written consent:

WHEREAS, the Director of the Company has reviewed the financial records of the Company, has considered the business and financial condition of the Company, and is aware of the assets, liabilities, potential liabilities and liquidity of the Company; and has had the opportunity to consult with the management and advisors of the Company and fully considered all of the strategic alternatives available to the Company; and

WHEREAS, as a result of the Company’s current financial situation, it appears that it may be necessary to file a reorganization of the Company under chapter 11 (the “**Bankruptcy**”) of title 11 of the United States Code (the “**Bankruptcy Code**”) in the United States Bankruptcy Court for the Northern District of Illinois or such other bankruptcy court in which venue may be proper (the “**Bankruptcy Court**”).

IT IS THEREFORE, RESOLVED, that the Director has determined in its judgment that it may be desirable and in the best interests of the Company, its creditors, and other interested parties to commence the Bankruptcy;

RESOLVED, that the Director is hereby authorized and empowered to execute and file on behalf of the Company all petitions, schedules, lists, motions, applications, pleadings and other papers or documents as necessary to commence the Bankruptcy, and to take any and all further acts and deeds that they deem necessary, proper, and desirable in connection with the Bankruptcy, with a view to the successful administration of such case;

RESOLVED, that the Director is authorized and empowered to, in the name and on behalf of the Company, to negotiate, make, execute and deliver, either jointly or severally, any and all debtor-in-possession documents related to the reorganization of the Company and/or the restructuring of its assets and liabilities under Chapter 11 of the Bankruptcy Code, and any and all amendments, supplements, modifications, extensions, replacements, agreements, documents, and instruments relating to the foregoing, subject to the requisite Bankruptcy Court approval;

RESOLVED, that the law firm of Clark Hill PLC, and such other law firms as may be employed by the Company with the written approval of the Director, is hereby engaged as general bankruptcy counsel for the Company under general retainer in the Bankruptcy, subject to any requisite Bankruptcy Court approval;

RESOLVED, that the Company with the written approval of the Director, is hereby authorized to retain and employ a financial advisor and such other professionals as it deems necessary, proper or desirable during the course of the Bankruptcy, subject to any requisite Bankruptcy Court approval;

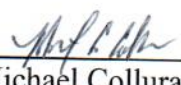
RESOLVED, that any and all actions taken by the Director, or representatives of the Company, for and on behalf of the Company and in the name of the Company, prior to the adoption of these resolutions, including, but not limited to, the negotiation of any documents related to the Sale, are hereby ratified, confirmed, and approved in all respects for all purposes; and

RESOLVED, that in addition to the specific authorizations herein conferred upon the Director, the Director is authorized and empowered, in the name of, and on behalf of, the Company, to take or cause to be taken any and all such further actions, to execute and deliver any and all such agreements, certificates, instruments, and other documents and to pay all expenses, including filing fees, in each case as in the Director's judgment shall be necessary or desirable to fully carry out the intent and accomplish the purposes of the foregoing resolutions, subject to any requisite Bankruptcy Court approval.

IN WITNESS WHEREOF, the undersigned Director of the Company hereby evidences its written consent to the foregoing resolutions effective as of this 14th day of August 2020.

BOWES IN-HOME CARE, INC.

By: _____


Michael Collura

Chairman of the Company

ST. CLAIR CPAS, P.C.
28 S. CENTRE STREET
MERCHANTVILLE, NJ 08109

BOWES IN HOME CARE, INC.
2230 POINT BOULEVARD, SUITE 100
ELGIN, IL 60123
ATTN: MICHAEL COLLURA
|||||||

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



101 West Elm Street, Suite 500
Conshohocken, Pennsylvania 19428

28 South Centre Street
Merchantville, New Jersey 08109

AUGUST 3, 2020

BOWES IN HOME CARE, INC.
813 TEK DRIVE
CRYSTAL LAKE, IL 60014
ATTN: MICHAEL COLLURA

DEAR MICHAEL:

ENCLOSED ARE YOUR 2019 S CORPORATION TAX RETURNS, AS
FOLLOWS...

2019 U.S. INCOME TAX RETURN FOR AN S CORPORATION

2019 ILLINOIS S CORPORATION INCOME TAX RETURN

WE SINCERELY APPRECIATE THIS OPPORTUNITY TO SERVE YOU. IF
YOU HAVE ANY QUESTIONS REGARDING THE RETURNS, PLEASE DO NOT
HESITATE TO CALL.

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

COLLEEN E. LEVIN, CPA

2019 TAX RETURN FILING INSTRUCTIONS

U.S. INCOME TAX RETURN FOR AN S CORPORATION

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	BOWES IN HOME CARE, INC. 2230 POINT BOULEVARD, SUITE 100 ELGIN, IL 60123
Prepared by	ST. CLAIR CPAS, P.C. 28 S. CENTRE STREET MERCHANTVILLE, NJ 08109
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 0 Less: payments and credits \$ 0 Plus: other amount \$ 0 Plus: interest and penalties \$ 0 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0 Other amount \$ 0 Refunded to you \$ 0
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-S TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN.
Return must be mailed on or before	RETURN FEDERAL FORM 8879-S TO US BY SEPTEMBER 15, 2020.
Special Instructions	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE SHAREHOLDERS.

Form **8879-S****IRS e-file Signature Authorization for Form 1120-S**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879-S.
▶ Go to www.irs.gov/Form8879S for the latest information.

2019

For calendar year 2019, or tax year beginning , 2019, and ending , 20 .

Name of corporation

BOWES IN HOME CARE, INC.

Employer identification number

20-0777098**Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	11,736,586.
2	Gross profit (Form 1120-S, line 3)	2	10,233,645.
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	-825,644.
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	-842,961.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **ST. CLAIR CPAS, P.C.** to enter my PIN **08109**
ERO firm name Don't enter all zeros
as my signature on the corporation's 2019 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature ▶ Date ▶ Title ▶ **PRESIDENT**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

22679208109

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶ **08/03/20**

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2019)

LHA

8879-SO

State-Only e-file Signature Authorization

2019

▶ Do not send to the Taxing Authority. This is not a tax return.
▶ Keep this form for your records.

Taxpayer name

BOWES IN HOME CARE, INC.

FEIN

20 0777098

Part I Electronically Filed States

ILLINOIS

Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2019, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize ST. CLAIR CPAS, P.C. to enter or generate my PIN 08109
ERO firm name
as my signature on my tax year 2019 electronically filed income tax return.

Enter five numbers, but
do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

22679208109

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer indicated above.

ERO's signature ▶ _____ Date ▶ 08/03/2020

**ERO Must Retain This Form
Do Not Submit This Form to the Taxing Authority**

Form

1120-S**U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

2019Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

EXTENSION GRANTED TO 09/15/20

For calendar year 2019 or tax year beginning

, ending

A S election effective date 01/27/2004	TYPE OR PRINT	Name BOWES IN HOME CARE, INC.	D Employer identification number 20-0777098
B Business activity code number (see instructions) 621610		Number, street, and room or suite no. If a P.O. box, see instructions. 2230 POINT BOULEVARD, SUITE 100	E Date incorporated 01/27/2004
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code ELGIN, IL 60123	F Total assets (see instructions) \$ 560,986.
G Is the corporation electing to be an S corporation beginning with this tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach Form 2553 if not already filed			
H Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input checked="" type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination or revocation			
I Enter the number of shareholders who were shareholders during any part of the tax year 2			
J Check if corporation: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes			

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales 11,736,586.	b Return and allowances	c Bal. Subtract line 1b from line 1a	1c	11,736,586.
	2 Cost of goods sold (attach Form 1125-A)			2	1,502,941.
	3 Gross profit. Subtract line 2 from line 1c			3	10,233,645.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement)			5	
	6 Total income (loss). Add lines 3 through 5			6	10,233,645.
Deductions (See instructions for limitations)	7 Compensation of officers (see instrs. - attach Form 1125-E)			7	519,730.
	8 Salaries and wages (less employment credits)			8	7,342,368.
	9 Repairs and maintenance			9	
	10 Bad debts			10	
	11 Rents			11	366,076.
	12 Taxes and licenses STATEMENT 1			12	635,569.
	13 Interest (see instructions)			13	297,441.
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	6,971.
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	130,554.
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	666,931.
	19 Other deductions (attach statement) STATEMENT 2			19	1,093,649.
	20 Total deductions. Add lines 7 through 19			20	11,059,289.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	-825,644.
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
	b Tax from Schedule D (Form 1120-S)	22b			
	c Add lines 22a and 22b				
	23 a 2019 estimated tax payments and 2018 overpayment credited to 2019	23a		23e	
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Reserved for future use	23d			
	e Add lines 23a through 23d				
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24	
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26: Credited to 2020 estimated tax Refunded			27		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer **PRESIDENT** Date Title

May the IRS discuss this return with the preparer shown below? See instr.
☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name COLLEEN E. LEVIN, CPA	Preparer's signature COLLEEN E. LEVIN, CPA	Date 08/03/20	Check if self-employed <input type="checkbox"/>	PTIN P00998554
	Firm's name ▶ ST. CLAIR CPAS, P.C.	Firm's EIN ▶ 23-2653765			
	Firm's address ▶ 28 S. CENTRE STREET MERCHANTVILLE, NJ 08109	Phone no. (856) 482-5600			

Form 1120-S (2019)

BOWES IN HOME CARE, INC.

20-0777098 Page 2

Schedule B Other Information (see instructions)					Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____						
2 See the instructions and enter the:						
a Business activity ▶ HEALTH SERVICES b Product or service ▶ HOME HEALTH CARE						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation _____						X
4 At the end of the tax year, did the corporation:						
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below _____						X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below _____						X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? _____ If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of restricted stock _____ ▶ _____						
(ii) Total shares of non-restricted stock _____ ▶ _____						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? _____ If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of stock outstanding at the end of the tax year _____ ▶ _____						
(ii) Total shares of stock outstanding if all instruments were executed _____ ▶ _____						
6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide info. on any reportable transaction? ...						X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> _____ If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years _____ ▶ \$ _____						
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions _____						X
10 Does the corporation satisfy one or more of the following? See instructions _____						X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.						
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.						
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.						
11 Does the corporation satisfy both of the following conditions? _____						X
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.						
b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.						

Form 1120-S (2019)

BOWES IN HOME CARE, INC.

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Schedule B Other Information (see instructions) (continued)	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ▶ \$ _____		X
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b If "Yes," did the corporation file or will it file required Form(s) 1099?	X	
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 14 ▶ \$ _____		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-825,644.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income STATEMENT 3	4	36.
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions STATEMENT 4	12a	500.
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions (see instructions) Type ▶ SHAREHOLDER'S HEALTH INSURANCE	12d	16,853.
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
	Foreign Transactions	14a Name of country or U.S. possession ▶	
b Gross income from all sources		14b	
c Gross income sourced at shareholder level		14c	
Foreign gross income sourced at corporate level			
d Reserved for future use		14d	
e Foreign branch category		14e	
f Passive category		14f	
g General category		14g	
h Other (attach statement)		14h	
Deductions allocated and apportioned at shareholder level			
i Interest expense		14i	
j Other		14j	
Deductions allocated and apportioned at corporate level to foreign source income			
k Reserved for future use		14k	
l Foreign branch category		14l	
m Passive category		14m	
n General category		14n	
o Other (attach statement)		14o	
Other information			
p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ▶	14p		
q Reduction in taxes available for credit (attach statement)	14q		
r Other foreign tax information (attach statement)			

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BOWES IN HOME CARE, INC.

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Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	7.	
	b Adjusted gain or loss	15b		
	c Depletion (other than oil and gas)	15c		
	d Oil, gas, and geothermal properties - gross income	15d		
	e Oil, gas, and geothermal properties - deductions	15e		
	f Other AMT items (attach statement)	15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a		
	b Other tax-exempt income	16b		
	c Nondeductible expenses	16c	135.	
	d Distributions (attach statement if required)	16d	80,000.	
	e Repayment of loans from shareholders	16e		
Other Information	17a Investment income	17a	36.	
	b Investment expenses	17b		
	c Dividend distributions paid from accumulated earnings and profits	17c		
	d Other items and amounts (att. stmt.)	STATEMENT 5		
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p		18	-842,961.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()	()		
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)	STATEMENT 6	1,399,247.		0.
7	Loans to shareholders		148,477.		537,575.
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10 a	Buildings and other depreciable assets	413,689.		413,689.	
b	Less accumulated depreciation	(384,087.)	29,602.	(391,058.)	22,631.
11 a	Depletable assets				
b	Less accumulated depletion	()	()		
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)	7,015.		7,015.	
b	Less accumulated amortization	(7,015.)	0.	(7,015.)	0.
14	Other assets (att. stmt.)	STATEMENT 7	780.		780.
15	Total assets		1,578,106.		560,986.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.)	STATEMENT 8	1,494,081.		694,485.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				709,260.
21	Other liabilities (att. stmt.)				
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital				
24	Retained earnings	STATEMENT 9	83,025.		-843,759.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock	()	()		
27	Total liabilities and shareholders' equity		1,578,106.		560,986.

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Form 1120-S (2019)

BOWES IN HOME CARE, INC.

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Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-846,784.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize): a Depreciation \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize): a Depreciation \$ b Travel and entertainment \$ 135. STMT 12 3,688.	3,823.	7 Add lines 5 and 6	
4 Add lines 1 through 3	-842,961.	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	-842,961.

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instrs.)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	83,025.			
2 Ordinary income from page 1, line 21				
3 Other additions STATEMENT 13	36.			
4 Loss from page 1, line 21	(825,644.)			
5 Other reductions STATEMENT 14	(21,176.)			
6 Combine lines 1 through 5	-763,759.			
7 Distributions	80,000.			
8 Balance at end of tax year. Subtract line 7 from line 6	-843,759.			

Form **1120-S** (2019)

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.

▶ Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name BOWES IN HOME CARE, INC.		Employer identification number 20-0777098	
1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 15	5	1,502,941.
6	Total. Add lines 1 through 5	6	1,502,941.
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	1,502,941.

9 a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶ _____

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property) OTHER

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BOWES IN HOME CARE, INC.**OTHER DEPRECIATION****20-0777098****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	3,021.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	3,950.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	6,971.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

SEE STATEMENT 16	16	%					3,950.	
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** 3,950.**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year ...						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2019 tax year:

43 Amortization of costs that began before your 2019 tax year **43****44** **Total.** Add amounts in column (f). See the instructions for where to report **44**

2019 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	FURNITURE	07/01/14	200DB	7.00	HY	17	7,000.			3,500.	3,500.	3,500.		0.	3,500.
1	FURNITURE	01/01/12	200DB	7.00	HY	17	620.				620.	575.		45.	620.
3	FURNITURE	07/01/15	200DB	7.00	HY	17	12,233.		12,233.					0.	
4	FURNITURE	01/01/11	200DB	7.00	HY	17	60,045.			60,045.				0.	
5	FURNITURE	03/01/16	200DB	7.00	HY	17	3,864.			1,932.	1,932.	1,087.		241.	1,328.
	* OTHER TOTAL -						83,762.		12,233.	65,477.	6,052.	5,162.		286.	5,448.
6	EQUIPMENT	01/01/12	200DB	5.00	HY	17	37,546.			18,773.	18,773.	18,773.		0.	18,773.
7	EQUIPMENT	01/01/13	200DB	5.00	HY	17	15,934.			7,967.	7,967.	7,967.		0.	7,967.
8	EQUIPMENT	07/01/14	200DB	5.00	HY	17	22,185.			11,093.	11,092.	11,092.		0.	11,092.
9	COMPUTERS	07/01/14	200DB	5.00	HY	17	1,790.			895.	895.	895.		0.	895.
10	EQUIPMENT AND COMPUTERS	01/01/11	200DB	5.00	HY	17	100,974.			100,974.				0.	
11	OFFICE EQUIPMENT	03/28/16	200DB	5.00	HY	17	953.			477.	476.	339.		55.	394.
12	OFFICE EQUIPMENT	07/01/16	200DB	5.00	HY	17	1,411.			705.	706.	502.		82.	584.
13	MEDICAL AND EXERCISE EQUIPMENT	07/15/16	200DB	7.00	HY	17	12,658.			6,329.	6,329.	3,561.		791.	4,352.
14	OFFICE EQUIPMENT AND FURNITURE	07/01/15	200DB	5.00	HY	17	12,945.		12,945.					0.	
15	OFFICE EQUIPMENT	07/15/18	200DB	5.00	HY	17	15,293.			15,293.				0.	
	* OTHER TOTAL -						221,689.		12,945.	162,506.	46,238.	43,129.		928.	44,057.
16	LEASEHOLD IMPROVEMENTS	01/01/11	150DB	15.00	HY	17	3,888.			3,888.				0.	

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

BOWES IN HOME CARE, INC.
2230 POINT BOULEVARD, SUITE 100
ELGIN, IL 60123

EMPLOYER IDENTIFICATION NUMBER: 20-0777098

FOR THE YEAR ENDING DECEMBER 31, 2019

BOWES IN HOME CARE, INC. IS MAKING THE DE MINIMIS SAFE HARBOR
ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 1120S	TAXES AND LICENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		635,569.	
TOTAL TO FORM 1120S, PAGE 1, LINE 12		635,569.	

FORM 1120S	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
AUTOMOBILE		364,991.	
BANK AND CREDIT CARD CHARGES		12,144.	
COMPUTER AND INTERNET		76,699.	
DUES AND SUBSCRIPTIONS		72,952.	
INSURANCE		76,736.	
LICENSES AND PERMITS		255.	
MEALS		136.	
OFFICE		107,842.	
PROFESSIONAL FEES		240,342.	
TELEPHONE		116,537.	
TRAINING		8,728.	
TRAVEL		1,180.	
UTILITIES		15,107.	
TOTAL TO FORM 1120S, PAGE 1, LINE 19		1,093,649.	

SCHEDULE K	INTEREST INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
INTEREST		36.	
TOTAL TO SCHEDULE K, LINE 4		36.	

SCHEDULE K	CHARITABLE CONTRIBUTIONS				STATEMENT	4
DESCRIPTION	NO LIMIT	50%, 60% OR 100% LIMIT	30% LIMIT	20% LIMIT		
CONTRIBUTIONS		500.				
TOTALS TO SCHEDULE K, LINE 12A		500.				

SCHEDULE K	OTHER ITEMS, LINE 17D				STATEMENT	5
DESCRIPTION					AMOUNT	
SECTION 199A - ORDINARY INCOME (LOSS)					-825,644.	
SECTION 199A - W-2 WAGES					7,862,098.	
SECTION 199A - UNADJUSTED BASIS OF ASSETS					413,690.	

SCHEDULE L	OTHER CURRENT ASSETS		STATEMENT	6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR		
DUE FROM RELATED PARTIES	1,399,247.	0.		
TOTAL TO SCHEDULE L, LINE 6	1,399,247.	0.		

SCHEDULE L	OTHER ASSETS		STATEMENT	7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR		
SECURITY DEPOSITS	780.	780.		
TOTAL TO SCHEDULE L, LINE 14	780.	780.		

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
BANK OVERDRAFT	129,260.	45,330.	
CREDIT CARDS PAYABLE	513.	1,424.	
PAYROLL TAXES PAYABLE	1,364,308.	647,731.	
TOTAL TO SCHEDULE L, LINE 18	1,494,081.	694,485.	

SCHEDULE L	ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS	STATEMENT	9
DESCRIPTION	AMOUNT		
BALANCE AT BEGINNING OF YEAR	83,025.		
NET INCOME PER BOOKS	-846,784.		
DISTRIBUTIONS	-80,000.		
OTHER INCREASES (DECREASES)			
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	-843,759.		

SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT	10
DESCRIPTION	AMOUNT		
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	135.		
TOTAL TO SCHEDULE K, LINE 16C	135.		

FORM 1120S	DISTRIBUTIONS			STATEMENT 11
DESCRIPTION	DATE ACQUIRED	DATE DISTRIBUTED	COST	AMOUNT
DISTRIBUTIONS	06/30/19	06/30/19		80,000.
TOTAL INCLUDED IN FORM 1120S, PAGE 4, LINE 16D				80,000.

SCHEDULE M-1 EXPENSES RECORDED ON BOOKS THIS YEAR STATEMENT 12
NOT INCLUDED ON SCHEDULE K

DESCRIPTION	AMOUNT
OFFCIERS LIFE INSURANCE	3,688.
TOTAL TO SCHEDULE M-1, LINE 3	3,688.

SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT - OTHER ADDITIONS STATEMENT 13

DESCRIPTION	AMOUNT
PORTFOLIO INTEREST INCOME	36.
TOTAL TO SCHEDULE M-2, LINE 3 - COLUMN (A)	36.

SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS STATEMENT 14

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	500.
OTHER DEDUCTIONS	16,853.
NONDEDUCTIBLE EXPENSES	135.
OFFICER LIFE INSURANCE	3,688.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	21,176.

FORM 1125-A OTHER COSTS STATEMENT 15

DESCRIPTION	AMOUNT
MEDICAL SUPPLIES	108,119.
SUBCONTRACTORS	1,394,822.
TOTAL TO LINE 5	1,502,941.

FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 16

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N	
2013 FORD CARGO VAN	08/28/13	100.00	28,807.	17,447.	5.00	200DB-HY	1,975.	
2013 FORD CARGO VAN	09/30/13	100.00	28,577.	17,217.	5.00	200DB-HY	1,975.	
TOTAL TO FORM 4562, PART V, LINE 26							3,950.	

928104
04-01-19

2019

For calendar year 2019, or tax
year beginning _____
ending _____

OMB No. 1545-0123

► See separate instructions.

F	Shareholder's percentage of stock ownership for tax year	90.000000%
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*See attached statement for additional information.

911271
11-15-19 LHA For Paperwork Reduction Act Notice, see Instructions for Form 1120-S. www.irs.gov/Form1120S Schedule K-1 (Form 1120-S) 2019

SCHEDULE K-1 OTHER DEDUCTIONS, BOX 12, CODE S

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
SHAREHOLDER'S HEALTH INSURANCE	4,299.	
TOTAL	4,299.	

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	122.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	122.	

SCHEDULE K-1 DISTRIBUTIONS
BOX 16, CODE D

DESCRIPTION	DATE	AMOUNT	FILING INSTRUCTIONS
DISTRIBUTIONS	06/30/19	72,000.	
TOTAL		72,000.	

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 SECTION 199A ITEMS, BOX 17
CODE V

DESCRIPTION	AMOUNT
TRADE OR BUSINESS	
ORDINARY INCOME(LOSS)	-743,080.
W-2 WAGES	7,075,888.
UNADJUSTED BASIS	372,321.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	See the Shareholder's Instructions
Passive loss		
Passive income		
Nonpassive loss		
Nonpassive income		
2. Net rental real estate income (loss)		
3. Other net rental income (loss)		
Net income		
Net loss		
4. Interest income		
5a. Ordinary dividends		
5b. Qualified dividends		
6. Royalties		
7. Net short-term capital gain (loss)		
8a. Net long-term capital gain (loss)		
8b. Collectibles (28%) gain (loss)		
9. Unrecaptured section 1250 gain		
9. Net section 1231 gain (loss)		
10. Other income (loss)		
Code		
A Other portfolio income (loss)		
B Involuntary conversions		
C Sec. 1256 contracts & straddles		
D Mining exploration costs recapture		
E Reserved for future use		
F Section 965(a) inclusion		
G Income under subpart F (other than inclusions under sections 951A and 965)		
H Other income (loss)		
11. Section 179 deduction		
12. Other deductions		
A Cash contributions (60%)		
B Cash contributions (30%)		
C Noncash contributions (50%)		
D Noncash contributions (30%)		
E Capital gain property to a 50% organization (30%)		
F Capital gain property (20%)		
G Contributions (100%)		
H Investment interest expense		
I Deductions - royalty income		
J Section 59(e)(2) expenditures		
K Section 965(c) deduction		
L Deductions - portfolio (other)		
M Preproductive period expenses		
N Commercial revitalization deduction from rental real estate activities		
O Reforestation expense deduction		
P through R		
S Other deductions		
13. Credits		
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings		
B Low-income housing credit (other) from pre-2008 buildings		
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		
D Low-income housing credit (other) from post-2007 buildings		
E Qualified rehabilitation expenditures (rental real estate)		
F Other rental real estate credits		
G Other rental credits		
H Undistributed capital gains credit		
I Biofuel producer credit		
J Work opportunity credit		
K Disabled access credit		
L Empowerment zone employment credit		
M Credit for increasing research activities		
Report on		
See the Shareholder's Instructions		
Schedule E, line 28, column (h)		
See the Shareholder's Instructions		
Schedule E, line 28, column (k)		
See the Shareholder's Instructions		
Schedule E, line 28, column (h)		
See the Shareholder's Instructions		
Form 1040 or 1040-SR, line 2b		
Form 1040 or 1040-SR, line 3b		
Form 1040 or 1040-SR, line 3a		
Schedule E, line 4		
Schedule D, line 5		
Schedule D, line 12		
28% Rate Gain Worksheet, line 4 (Schedule D Instructions)		
See the Shareholder's Instructions		
See the Shareholder's Instructions		
See the Shareholder's Instructions		
Form 6781, line 1		
See Pub. 535		
See the Shareholder's Instructions		
See the Shareholder's Instructions		
Form 4952, line 1		
Schedule E, line 19		
See the Shareholder's Instructions		
See the Shareholder's Instructions		
Schedule A, line 16		
See the Shareholder's Instructions		
See Form 8582 Instructions		
See the Shareholder's Instructions		
Reserved for future use		
See the Shareholder's Instructions		
Schedule 5 (Form 1040 or 1040-SR), line 13, box a		
See the Shareholder's Instructions		
See the Shareholder's Instructions		
Foreign transactions		
A Name of country or U.S. possession		
B Gross income from all sources		
C Gross income sourced at shareholder level		
Foreign gross income sourced at corporate level		
D Reserved for future use		
E Foreign branch category		
F Passive category		
G General category		
H Other		
Deductions allocated and apportioned at shareholder level		
I Interest expense		
J Other		
Deductions allocated and apportioned at corporate level to foreign source income		
K Reserved for future use		
L Foreign branch category		
M Passive category		
N General category		
O Other		
Other information		
P Total foreign taxes paid		
Q Total foreign taxes accrued		
R Reduction in taxes available for credit		
S Foreign trading gross receipts		
T Extraterritorial income exclusion		
U Section 965 information		
V Other foreign transactions		
Alternative minimum tax (AMT) items		
A Post-1986 depreciation adjustment		
B Adjusted gain or loss		
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal - gross income		
E Oil, gas, & geothermal - deductions		
F Other AMT items		
Items affecting shareholder basis		
A Tax-exempt interest income		
B Other tax-exempt income		
C Nondeductible expenses		
D Distributions		
E Repayment of loans from shareholders		
Other information		
A Investment income		
B Investment expenses		
C Qualified rehabilitation expenditures (other than rental real estate)		
D Basis of energy property		
E Recapture of low-income housing credit (section 42(j)(5))		
F Recapture of low-income housing credit (other)		
G Recapture of investment credit		
H Recapture of other credits		
I Look-back interest - completed long-term contracts		
J Look-back interest - income forecast method		
K Dispositions of property with section 179 deductions		
L Recapture of section 179 deduction		
M through U		
V Section 199A information		
W through Z		
AA Excess taxable income		
AB Excess business interest income		
AC Other information		

2019

For calendar year 2019, or tax
year beginning _____
ending _____

OMB No. 1545-0123

► See separate instructions.

F	Shareholder's percentage of stock ownership for tax year	10.000000%
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*See attached statement for additional information.

911271
11-15-19 LHA For Paperwork Reduction Act Notice, see Instructions for Form 1120-S. www.irs.gov/Form1120S Schedule K-1 (Form 1120-S) 2019

SCHEDULE K-1 OTHER DEDUCTIONS, BOX 12, CODE S

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
SHAREHOLDER'S HEALTH INSURANCE	12,554.	
TOTAL	12,554.	

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	13.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	13.	

SCHEDULE K-1 DISTRIBUTIONS
BOX 16, CODE D

DESCRIPTION	DATE	AMOUNT	FILING INSTRUCTIONS
DISTRIBUTIONS	06/30/19	8,000.	
TOTAL		8,000.	

SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 SECTION 199A ITEMS, BOX 17
CODE V

DESCRIPTION	AMOUNT
TRADE OR BUSINESS	
ORDINARY INCOME(LOSS)	-82,564.
W-2 WAGES	786,210.
UNADJUSTED BASIS	41,369.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

		Code	Report on
1.	Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	See the Shareholder's Instructions
	Report on		
	Passive loss		
	Passive income		
	Nonpassive loss		
	Nonpassive income		
2.	Net rental real estate income (loss)		
3.	Other net rental income (loss)		
	Net income		
	Net loss		
4.	Interest income		
5a.	Ordinary dividends		
5b.	Qualified dividends		
6.	Royalties		
7.	Net short-term capital gain (loss)		
8a.	Net long-term capital gain (loss)		
8b.	Collectibles (28%) gain (loss)		
8c.	Unrecaptured section 1250 gain		
9.	Net section 1231 gain (loss)		
10.	Other income (loss)		
	Code		
	A Other portfolio income (loss)		
	B Involuntary conversions		
	C Sec. 1256 contracts & straddles		
	D Mining exploration costs recapture		
	E Reserved for future use		
	F Section 965(a) inclusion		
	G Income under subpart F (other than inclusions under sections 951A and 965)		
	H Other income (loss)		
11.	Section 179 deduction		
12.	Other deductions		
	A Cash contributions (60%)		
	B Cash contributions (30%)		
	C Noncash contributions (50%)		
	D Noncash contributions (30%)		
	E Capital gain property to a 50% organization (30%)		
	F Capital gain property (20%)		
	G Contributions (100%)		
	H Investment interest expense		
	I Deductions - royalty income		
	J Section 59(e)(2) expenditures		
	K Section 965(c) deduction		
	L Deductions - portfolio (other)		
	M Preproductive period expenses		
	N Commercial revitalization deduction from rental real estate activities		
	O Reforestation expense deduction		
	P through R		
	S Other deductions		
13.	Credits		
	A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings		
	B Low-income housing credit (other) from pre-2008 buildings		
	C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		
	D Low-income housing credit (other) from post-2007 buildings		
	E Qualified rehabilitation expenditures (rental real estate)		
	F Other rental real estate credits		
	G Other rental credits		
	H Undistributed capital gains credit		
	I Biofuel producer credit		
	J Work opportunity credit		
	K Disabled access credit		
	L Empowerment zone employment credit		
	M Credit for increasing research activities		
14.	Foreign transactions		
	A Name of country or U.S. possession		
	B Gross income from all sources		
	C Gross income sourced at shareholder level		
	Foreign gross income sourced at corporate level		
	D Reserved for future use		
	E Foreign branch category		
	F Passive category		
	G General category		
	H Other		
	Deductions allocated and apportioned at shareholder level		
	I Interest expense		
	J Other		
	Deductions allocated and apportioned at corporate level to foreign source income		
	K Reserved for future use		
	L Foreign branch category		
	M Passive category		
	N General category		
	O Other		
	Other information		
	P Total foreign taxes paid		
	Q Total foreign taxes accrued		
	R Reduction in taxes available for credit		
	S Foreign trading gross receipts		
	T Extraterritorial income exclusion		
	U Section 965 information		
	V Other foreign transactions		
15.	Alternative minimum tax (AMT) items		
	A Post-1986 depreciation adjustment		
	B Adjusted gain or loss		
	C Depletion (other than oil & gas)		
	D Oil, gas, & geothermal - gross income		
	E Oil, gas, & geothermal - deductions		
	F Other AMT items		
16.	Items affecting shareholder basis		
	A Tax-exempt interest income		
	B Other tax-exempt income		
	C Nondeductible expenses		
	D Distributions		
	E Repayment of loans from shareholders		
17.	Other information		
	A Investment income		
	B Investment expenses		
	C Qualified rehabilitation expenditures (other than rental real estate)		
	D Basis of energy property		
	E Recapture of low-income housing credit (section 42(j)(5))		
	F Recapture of low-income housing credit (other)		
	G Recapture of investment credit		
	H Recapture of other credits		
	I Look-back interest - completed long-term contracts		
	J Look-back interest - income forecast method		
	K Dispositions of property with section 179 deductions		
	L Recapture of section 179 deduction through U		
	V Section 199A information		
	W through Z		
	AA Excess taxable income		
	AB Excess business interest income		
	AC Other information		

2019 TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-1120-ST

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	BOWES IN HOME CARE, INC. 2230 POINT BOULEVARD, SUITE 100 ELGIN, IL 60123
Prepared by	ST. CLAIR CPAS, P.C. 28 S. CENTRE STREET MERCHANTVILLE, NJ 08109
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE IDOR, PLEASE SIGN, DATE AND RETURN FORM 8879-SO TO OUR OFFICE. WE WILL THEN SUBMIT THE RETURN TO THE IDOR.
Return must be mailed on or before	RETURN FORM 8879-SO TO US BY OCTOBER 15, 2020.
Special Instructions	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE SHAREHOLDERS.

Illinois Department of Revenue
2019 Form IL-1120-ST
Small Business Corporation Replacement Tax Return
 Due on or before the 15th day of the 3rd month following the close of the tax year.

If this return is not for calendar year 2019, enter your fiscal tax year here.

Tax year beginning _____, ending _____
 month day year month day year

WARNING

This form is for tax years ending on or after December 31, 2019, and before December 31, 2020.
 For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ _____

Step 1: Identify your small business corporation

A Enter your complete legal business name.

If you have a name change, check this box. ☐

Name: **BOWES IN HOME CARE, INC.**

B Enter your mailing address.

Check this box if either of the following apply:

- this is your **first return**, or ☒
- you have an **address change**.

C/O: _____

Mailing address: **2230 POINT BOULEVARD, SUITE 100**

City: **ELGIN** State: **IL** ZIP: **60123**

C If this is the first or final return, check the applicable box(es).

☐ First return

☐ Final return (Enter the date of termination. _____)

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy) _____, and the new owner's FEIN. _____

E Apportionment Formulas. Check the appropriate box or boxes and see the Apportionment Formula instructions.

☐ Financial organizations

☐ Transportation companies

☐ Federally regulated exchanges

☐ Sales companies

F Check this box if you attached Form IL-4562. ☒

G Check this box if you attached Illinois Schedule M (for businesses). ☐

H Check this box if you attached Schedule 80/20. ☐

I Check this box if you attached Schedule 1299-A. ☐

J Check this box if you attached the Subgroup Schedule. ☐

K Check this box if you are a 52/53 week filer. ☐

L Enter your federal employer identification number (FEIN).
20-0777098

M ☐ Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. **Attach** Schedule UB to this return.

N Enter your North American Industry Classification System (NAICS) Code. See instructions.
621610

O Enter your Illinois corporate file (charter) number issued by the Secretary of State. _____

P Enter the city, state, and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)
ELGIN IL 60123

City State ZIP

Q If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44. ☐

R If you have completed the following, check the box and **attach** the federal form(s) to this return.
☐ Federal Form 8886 ☐ Federal Sch. M-3, Part II, Line 10

S If you are making a discharge of indebtedness adjustment on Schedule NLD, or Form IL-1120-ST, Line 48, check this box **and** attach federal Form 982. ☐

T Check this box if your business activity is protected under Public Law 86-272. ☐

Step 2: Figure your ordinary income or loss

(Whole dollars only)

1 Ordinary income or loss, or equivalent from federal Schedule K.	1	-825,644	.00
2 Net income or loss from all rental real estate activities.	2		.00
3 Net income or loss from other rental activities.	3		.00
4 Portfolio income or loss.	4	36	.00
5 Net IRC Section 1231 gain or loss.	5		.00
6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	6		.00
7 Add Lines 1 through 6. This is your ordinary income or loss.	7	-825,608	.00

Step 3: Figure your unmodified base income or loss

8 Charitable contributions.	8	500	.00
9 Expense deduction under IRC Section 179.	9		.00
10 Interest on investment indebtedness.	10		.00
11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: SEE STATEMENT 1	11	16,853	.00
12 Add Lines 8 through 11.	12	17,353	.00
13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13	-842,961	.00

Attach your payment and Form IL-1120-ST-V here.

IR NS DR

Step 4: Figure your income or loss

14	Enter the amount from Line 13. Unitary filers , enter the amount from Schedule UB, Step 2, Col E, Line 30.	14	-842,961.00
15	State, municipal, and other interest income excluded from Line 14.	15	.00
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16	.00
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	.00
18	Related-Party Expenses addition. Attach Schedule 80/20.	18	.00
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	.00
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20	.00
21	Other additions. Attach Illinois Schedule M (for businesses).	21	.00
22	Add Lines 14 through 21. This amount is your income or loss.	22	-842,961.00

Step 5: Figure your base income or loss

23	Interest income from U.S. Treasury or other exempt federal obligations.	23	.00
24	Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B.	24	.00
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25	.00
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26	.00
27	High Impact Business Dividend subtraction. Attach Sch. 1299-A.	27	.00
28	High Impact Business Interest subtraction. Attach Sch. 1299-A.	28	.00
29	Contribution subtraction. Attach Schedule 1299-A.	29	.00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	4,671.00
31	Related-Party Expenses subtraction. Attach Schedule 80/20.	31	.00
32	Distributive share of subtractions. Attach Sch(s) K-1-P or K-1-T.	32	.00
33	Other subtractions. Attach Schedule M (for businesses).	33	.00
34	Total subtractions. Add Lines 23 through 33.	34	4,671.00
35	Base income or loss. Subtract Line 34 from Line 22.	35	-847,632.00

STOP	A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input checked="" type="checkbox"/>
	Note → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.
	B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/>

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. Attach Schedule NB.	36	.00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	.00
38	Add Lines 36 and 37.	38	.00
39	Business income or loss. Subtract Line 38 from Line 35.	39	.00
40	Total sales everywhere. This amount cannot be negative.	40	
41	Total sales inside Illinois. This amount cannot be negative.	41	
42	Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42	
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	.00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	.00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	.00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	.00

Step 7: Figure your net income

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	-847,632.00
48	Discharge of indebtedness adjustment. Attach federal Form 982. See instructions.	48	0.00
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	-847,632.00
50	Illinois net loss deduction. Attach Schedule NLD. If Line 49 is zero or a negative amount, enter zero.	50	0.00
51	Net income. Subtract Line 50 from Line 49.	51	-847,632.00

Step 8: Figure your net replacement tax, surcharge, and pass-through withholding you owe

52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	.00
53	Recapture of investment credits. Attach Schedule 4255.	53	.00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	.00
55	Investment credits. Attach Form IL-477.	55	.00
56	Net replacement tax. Subtract Line 55 from Line 54. If the amount is negative, enter zero.	56	.00
57	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	57	.00
58	Sale of assets by gaming licensee surcharge. See instructions.	58	.00
59	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See instructions. Attach Schedule B.	59	0.00
60	Total net replacement tax, surcharges, and pass-through withholding you owe. Add Lines 56, 57, 58, and 59.	60	.00

Step 9: Figure your refund or balance due

61	Payments. See instructions.		
a	Credits from previous overpayments.	61a	.00
b	Total payments made before the date this return is filed.	61b	.00
c	Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	61c	.00
d	Illinois gambling withholding. Attach Form(s) W-2G.	61d	.00
62	Total payments. Add Lines 61a through 61d.	62	.00
63	Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62.	63	.00
64	Amount to be credited forward . See instructions.	64	.00
65	Refund. Subtract Line 64 from Line 63. This is the amount to be refunded.	65	.00

66 **Complete to direct deposit your refund**

Routing Number _____ ☐ Checking or ☐ Savings

Account Number _____

67 **Tax Due.** If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe. 67 0.00

► If you owe tax on Line 67, complete a payment voucher, Form IL-1120-ST-V. Write your FEIN, tax year ending, and "IL-1120-ST-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Signature of authorized officer		Date (mm/dd/yyyy)		Title		Phone		<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/> Check if self-employed
	COLLEEN E. LEVIN, CPA		08/03/2020		PRESIDENT		847-829-8710		
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)		Firm's FEIN		Paid Preparer's PTIN P00998554
	Firm's name		Firm's address		Firm's phone				
	ST. CLAIR CPAS, P.C.		28 S. CENTRE STREET MERCHANTVILL		(856) 482-5600				

► If a payment is **not** enclosed, mail this return to: Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032

► If a payment is enclosed, mail this return to: Illinois Department of Revenue
P.O. Box 19053
Springfield, IL 62794-9053

Illinois Department of Revenue
2019 Schedule B
Partners' or Shareholders' Information

Attach to your Form IL-1065 or Form IL-1120-ST.

IL Attachment No. 1

BOWES IN HOME CARE, INC.**20-0777098**

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

STOP Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note — Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

STOP Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. **1** _____
- Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. **2** _____
- Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. **3** _____

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions. **4** _____
- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. **5** _____
- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. **6** _____
- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. **7** _____
- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. **8** _____
- Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here **and** on Form IL-1065 (Form IL-1065-X), Line 60, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. **9** _____

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

► **Attach all pages of Schedule B, Section B behind this page.**

Illinois Department of Revenue

2019 Schedule B

BOWES IN HOME CARE, INC.

20-0777098

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding amount
(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)									
1 Name MICHAEL A. COLLURA									
C/O									
Addr. 1 3506 CARLISLE LANE									
Addr. 2									
City CARPENTE IL 60110	I	353-54-7541		-762870.00	R	0.00	0.00	0.00	0.00
State ZIP									
2 Name RYAN ROMANAK									
C/O									
Addr. 1 6135 STANSBURY LANE									
Addr. 2									
City LAKEWOOD IL 60014	I	317-98-3535		-84,762.00	R	0.00	0.00	0.00	0.00
State ZIP									
3 Name									
C/O									
Addr. 1									
Addr. 2									
City									
State ZIP									
4 Name									
C/O									
Addr. 1									
Addr. 2									
City									
State ZIP									
5 Name									
C/O									
Addr. 1									
Addr. 2									
City									
State ZIP									

949312
01-08-20

Note

If you have more members than space provided, attach additional copies of this page as necessary.

Printed by the authority of the State
of Illinois

Illinois Department of Revenue

2019 IL-4562 Special Depreciation

For tax years ending on or after December 31, 2019.
Attach to your Form IL-1120, IL-1120-ST, IL-1065, IL-1041, or IL-1040.

Year ending

12	2019
Month	Year

IL Attachment No. 11

Step 1: Provide the following information

BOWES IN HOME CARE, INC.

Enter your name as shown on your return.

20-0777098

Enter your Social Security number (SSN) or federal employer identification number (FEIN).

Special Note → You must read the instructions before completing Form IL-4562. Do not use negative figures.

Step 2: Figure your Illinois special depreciation addition

- 1 Enter the total amount claimed as a special depreciation allowance on federal Form 4562, Depreciation and Amortization, Line 14 or Line 25, for property acquired after September 10, 2001. 1 0.00
- 2 **Individuals only:** Enter the total amount claimed as a special depreciation allowance from federal Form 2106, Employee Business Expenses. 2
- 3 **Last year of regular depreciation:** Enter the total amount of all Illinois depreciation subtractions claimed on prior year IL-4562 forms, Step 3, Line 8, for each property. 3
- 4 Add Lines 1 through 3. This is your Illinois special depreciation addition. Enter the total here and see instructions for the list of Illinois form and line references to report this addition. 4

Step 3: Figure your Illinois special depreciation subtraction

- 5 a Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation equal to 30 percent of your basis in the property. STATEMENT 2 5a 3,950.00
- b **Individuals only:** If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation equal to 30 percent of your basis in the property. 5b
- c Add Lines 5a and 5b. 5c 3,950.00
- 6 Multiply Line 5c by 42.9% (0.429). 6 1,695.00
- 7 a Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation equal to 50 percent of your basis in the property. STMT 3 7a 2,976.00
- b **Individuals only:** If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation equal to 50 percent of your basis in the property. 7b
- c Add Lines 7a and 7b. 7c 2,976.00
- 8 Add Lines 6 and 7c. 8 4,671.00
- 9 **Last year of regular depreciation:** Enter the Illinois special depreciation addition reported on any prior year Form IL-4562, Step 2, Line 1 plus Line 2, for each property. See instructions. 9
- 10 Add Lines 8 and 9. This is your Illinois depreciation subtraction for this year. Enter the total here and see instructions for the list of Illinois form and line references to report this subtraction. 10 4,671.00

→ Attach this form to your Illinois return. ←

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

IL IL-1120-ST	OTHER ITEMS OF EXPENSE	STATEMENT	1
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DESCRIPTION	AMOUNT
SHAREHOLDER'S HEALTH INSURANCE	16,853.00
TOTAL TO FORM IL-1120-ST, LINE 11	16,853.00

IL-4562	30% BONUS PROPERTY	STATEMENT	2
---------	--------------------	-----------	---

ASSET #	DESCRIPTION	CURRENT DEPRECIATION
18	2013 FORD CARGO VAN	1,975.00
19	2013 FORD CARGO VAN	1,975.00
TOTAL TO FORM IL-4562, STEP 3, LINE 5A		3,950.00

IL-4562	50% BONUS PROPERTY	STATEMENT	3
---------	--------------------	-----------	---

ASSET #	DESCRIPTION	CURRENT DEPRECIATION
5	FURNITURE	241.00
11	OFFICE EQUIPMENT	55.00
12	OFFICE EQUIPMENT	82.00
13	MEDICAL AND EXERCISE EQUIPMENT	791.00
17	LEASEHOLD IMPROVEMENTS	1,807.00
TOTAL TO FORM IL-4562, STEP 3, LINE 7A		2,976.00

Illinois Department of Revenue
Schedule K-1-P**Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture**

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Year ending12 19
Month Year

IL Attachment No. 12

Step 1: Identify your partnership or S corporation1 Check your business type ☐ partnership ☒ S corporation

3 20-0777098

Enter your federal employer identification number (FEIN).

2 BOWES IN HOME CARE, INC.

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Step 2: Identify your partner or shareholder

5 MICHAEL A. COLLURA

Name

9a Check the appropriate box. See instructions.

☒ individual ☐ corporation ☐ trust
☐ partnership ☐ S corporation ☐ estate

6 3506 CARLISLE LANE

Mailing address

CARPENTERSVILLE, IL 60110

City

State

ZIP

7 353-54-7541

Social Security number or FEIN

9b To be completed by the recipient on Line 5 only.

I am a: ☐ grantor trust ☐ disregarded entity
and the amounts on this Schedule will be reported by:

Name:

SSN or FEIN:

8 90.000000

Share (%)

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10	
11 Dividends	11	
12 Rental income	12	
13 Patent royalties	13	
14 Copyright royalties	14	
15 Other royalty income	15	
16 Capital gain or loss from real property	16	
17 Capital gain or loss from tangible personal property	17	
18 Capital gain or loss from intangible personal property	18	
19 Other income and expense	19	
Specify		

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 -743,080	-743,080
21 Net income or loss from rental real estate activities	21	
22 Net income or loss from other rental activities	22	
23 Interest	23 32	32
24 Dividends	24	
25 Royalties	25	
26 Net short-term capital gain or loss	26	
27 Net long-term capital gain or loss. Total for year.	27	
28 Unrecaptured Section 1250 gain	28	
29 Guaranteed payments to partner (U.S. Form 1065 only)	29	
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30	
31 Other income and expense STATEMENT STATEMENT	31 -15,618	-15,618
Specify		

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	A Member's share from Form IL-1065 or IL-1120-ST	B Member's share apportioned or allocated to Illinois
Additions		
32 Federally tax-exempt interest income	32	
33 Illinois replacement tax and surcharge deducted	33	
34 Illinois Special Depreciation addition	34	
35 Related-Party Expenses addition	35	
36 Distributive share of additions	36	
37 Other additions (from Illinois Schedule M for businesses)	37	
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a	
b Interest from U.S. Treasury obligations (nonbusiness income)	38b	
39 River Edge Redevelopment Zone Dividend subtraction	39	
40 High Impact Business Dividend subtraction	40	
41 Contribution subtraction (Form IL-1120-ST filers only)	41	
42 Interest subtraction - River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	42	
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	43	
44 Illinois Special Depreciation subtraction	44 4,204	4,204
45 Related-Party Expenses subtraction	45	
46 Distributive share of subtractions	46	
47 Other subtractions (from Illinois Schedule M for businesses)	47	

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

	A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48	
49 Section 1231 gain	49	
50 Section 1231 gain less casualty and theft gain. See instructions.	50	
51 Capital gain	51	

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding and federal income subject to surcharge

	Credit Code	Member's share from Illinois tax return		Member's share from Illinois tax return
52 Illinois Income Tax Credits				
a Film Production Services	5000	52a	52s Replacement Tax Investment Credits	52s
b Enterprise Zone Investment	5080	52b	See instructions.	
c Affordable Housing Donations	5260	52c	53 Recapture	
d EDGE	5300	52d	a Enterprise Zone or River	
e Research and Development	5340	52e	Edge Redevelopment Zone	
f Wages paid to Ex-Felons	5380	52f	Investment Credit recapture	53a
g Student-Assistance Contribution	5420	52g	b Replacement Tax Investment	
h Angel Investment	5460	52h	Credit recapture	53b
i New Markets Development	5500	52i	c Angel Investment Credit recapture	53c
j River Edge Historic Preservation	5540	52j	54 Pass-through withholding	
k Live Theater Production	5580	52k	(See instructions)	54
l Hospital	5620	52l	55 Federal income attributable to	
m Invest in Kids	5660	52m	transactions subject to the	
n Reserved		52n	Compassionate Use of Medical	
o Data Center Construction Employment	5820	52o	Cannabis Program Act surcharge.	
p Apprenticeship Education Expense	0160	52p	See instructions.	55
q Historic Preservation	1030	52q	56 Federal income attributable to the	
r Other credits		52r	sale or exchange of assets by a	
			gaming licensee surcharge.	
			See instructions.	56

IL SCHEDULE K-1-P OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-450
OTHER DEDUCTIONS	-15,168
TOTAL TO LINE 31(A)	-15,618

IL SCHEDULE K-1-P ILLINOIS OTHER INCOME AND EXPENSE

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-450
OTHER DEDUCTIONS	-15,168
TOTAL TO LINE 31(B)	-15,618

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1	ENTER THE SHARE OF INCOME FROM IL-1120-ST LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$	-758,666
2	ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 15-19 AND LINE 21		0
3	ADD LINES 1 AND 2		-758,666
4	ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 23 AND 26-33		4,204
5	SUBTRACT LINE 4 FROM LINE 3	\$	-762,870

**Illinois Department of Revenue
Schedule K-1-P****Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture**

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Year ending12 19
Month Year

IL Attachment No. 12

Step 1: Identify your partnership or S corporation1 Check your business type ☐ partnership ☒ S corporation

3 20-0777098

Enter your federal employer identification number (FEIN).

2 BOWES IN HOME CARE, INC.

4 Enter the apportionment factor from Form IL-1065 or Form

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

Step 2: Identify your partner or shareholder

5 RYAN ROMANAK

Name

9a Check the appropriate box. See instructions.

☒ individual ☐ corporation ☐ trust
☐ partnership ☐ S corporation ☐ estate

6 6135 STANSBURY LANE

Mailing address

LAKEWOOD, IL 60014

City

State

ZIP

7 317-98-3535

Social Security number or FEIN

9b To be completed by the recipient on Line 5 only.

I am a: ☐ grantor trust ☐ disregarded entity

and the amounts on this Schedule will be reported by:

Name:

SSN or FEIN:

8 10.000000

Share (%)

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

- 10 Interest
- 11 Dividends
- 12 Rental income
- 13 Patent royalties
- 14 Copyright royalties
- 15 Other royalty income
- 16 Capital gain or loss from real property
- 17 Capital gain or loss from tangible personal property
- 18 Capital gain or loss from intangible personal property
- 19 Other income and expense

Specify

A
Member's share
(See instructions.)B
Member's share
allocable to Illinois

10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

Step 4: Figure your partner's or shareholder's share of your business income or loss

- 20 Ordinary income or loss from trade or business activity
- 21 Net income or loss from rental real estate activities
- 22 Net income or loss from other rental activities
- 23 Interest
- 24 Dividends
- 25 Royalties
- 26 Net short-term capital gain or loss
- 27 Net long-term capital gain or loss. Total for year.
- 28 Unrecaptured Section 1250 gain
- 29 Guaranteed payments to partner (U.S. Form 1065 only)
- 30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.
- 31 Other income and expense STATEMENT STATEMENT

Specify

A
Member's share
from U.S. Schedule K-1,
less nonbusiness incomeB
Member's share
apportioned to Illinois

20	-82,564	-82,564
21		
22		
23	4	4
24		
25		
26		
27		
28		
29		
30		
31	-1,735	-1,735

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

	A Member's share from Form IL-1065 or IL-1120-ST	B Member's share apportioned or allocated to Illinois
Additions		
32 Federally tax-exempt interest income	32	
33 Illinois replacement tax and surcharge deducted	33	
34 Illinois Special Depreciation addition	34	
35 Related-Party Expenses addition	35	
36 Distributive share of additions	36	
37 Other additions (from Illinois Schedule M for businesses)	37	
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a	
b Interest from U.S. Treasury obligations (nonbusiness income)	38b	
39 River Edge Redevelopment Zone Dividend subtraction	39	
40 High Impact Business Dividend subtraction	40	
41 Contribution subtraction (Form IL-1120-ST filers only)	41	
42 Interest subtraction - River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	42	
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	43	
44 Illinois Special Depreciation subtraction	44 467	467
45 Related-Party Expenses subtraction	45	
46 Distributive share of subtractions	46	
47 Other subtractions (from Illinois Schedule M for businesses)	47	

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

	A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48	
49 Section 1231 gain	49	
50 Section 1231 gain less casualty and theft gain. See instructions.	50	
51 Capital gain	51	

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding and federal income subject to surcharge

	Credit Code	Member's share from Illinois tax return		Member's share from Illinois tax return
52 Illinois Income Tax Credits				
a Film Production Services	5000	52a	52s Replacement Tax Investment Credits	52s
b Enterprise Zone Investment	5080	52b	See instructions.	
c Affordable Housing Donations	5260	52c	53 Recapture	
d EDGE	5300	52d	a Enterprise Zone or River	
e Research and Development	5340	52e	Edge Redevelopment Zone	
f Wages paid to Ex-Felons	5380	52f	Investment Credit recapture	53a
g Student-Assistance Contribution	5420	52g	b Replacement Tax Investment	
h Angel Investment	5460	52h	Credit recapture	53b
i New Markets Development	5500	52i	c Angel Investment Credit recapture	53c
j River Edge Historic Preservation	5540	52j	54 Pass-through withholding	
k Live Theater Production	5580	52k	(See instructions)	54
l Hospital	5620	52l	55 Federal income attributable to	
m Invest in Kids	5660	52m	transactions subject to the	
n Reserved		52n	Compassionate Use of Medical	
o Data Center Construction Employment	5820	52o	Cannabis Program Act surcharge.	
p Apprenticeship Education Expense	0160	52p	See instructions.	55
q Historic Preservation	1030	52q	56 Federal income attributable to the	
r Other credits		52r	sale or exchange of assets by a	
			gaming licensee surcharge.	
			See instructions.	56

IL SCHEDULE K-1-P OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-50
OTHER DEDUCTIONS	-1,685
TOTAL TO LINE 31(A)	-1,735

IL SCHEDULE K-1-P ILLINOIS OTHER INCOME AND EXPENSE

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-50
OTHER DEDUCTIONS	-1,685
TOTAL TO LINE 31(B)	-1,735

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1	ENTER THE SHARE OF INCOME FROM IL-1120-ST LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$	-84,295
2	ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 15-19 AND LINE 21		0
3	ADD LINES 1 AND 2		-84,295
4	ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 23 AND 26-33		467
5	SUBTRACT LINE 4 FROM LINE 3	\$	-84,762

11:57 AM

08/04/20

Accrual Basis

Bowes In Home Care
Balance Sheet
As of August 4, 2020

	Aug 4, 20
ASSETS	
Current Assets	
Checking/Savings	
Harris BIHC Payroll 2020	44,004.43
Harris BIHC Payroll	2.00
Harris BIHC Deposit Part B	-4,797.00
Harris BIHC Deposit Part A	109,976.60
Harris BIHC Operations	-33,776.80
BIHC Harris Payroll Acct CLOSED	0.76
Total Checking/Savings	115,409.99
Accounts Receivable	
Loan to Fight Back	628,458.91
Total Accounts Receivable	628,458.91
Other Current Assets	
Due to/from IHPS	0.02
Employee Advances	40,550.00
Loans to Shareholder	537,575.00
Total Other Current Assets	578,125.02
Total Current Assets	1,321,993.92
Fixed Assets	
Fixed Asset	
Office Equipment & Computers	222,787.91
Furniture and Fixtures	83,761.61
Leasehold Improvements	50,855.01
Vehicles	57,384.00
Total Fixed Asset	414,788.53
Net Accumulated Depreciation	
Accum Depreciation-Office Equip	-219,507.96
Accum Depreciation Furniture	-83,157.71
Accum Depreciation Vehicle	-53,801.00
Accum Depreciation Leasehold	-34,591.00
Total Net Accumulated Depreciation	-391,057.67
Total Fixed Assets	23,730.86
Other Assets	
Goodwill	20,000.00
Other Intangible Assets	7,015.00
Security Deposit	780.00
Accumulated Amortization	-7,015.00
Total Other Assets	20,780.00
TOTAL ASSETS	1,366,504.78
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
CC Bank of America	709.92
Total Credit Cards	709.92

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Accrual Basis

Bowes In Home Care

Balance Sheet

As of August 4, 2020

	Aug 4, 20
Other Current Liabilities	
AR Factoring	
Capital Source	-56,027.50
EIN Capital	123,133.22
Green Capital	-4,161.00
Celtic Bank Bluevine	71,128.08
Funding Metrics Evertrust	53,936.37
McGraw Funding	93,220.00
AR Factoring - Other	-30,249.00
Total AR Factoring	250,980.17
line of credit	
Par Funding	90,617.36
line of credit - Other	-3,725.02
Total line of credit	86,892.34
Wage Garnishment - W/H	-89.68
Payroll Liabilities - Accrued	-1,063,750.13
Accrued Payroll Taxes	1,063,840.00
Payroll Liabilities	890,654.14
Total Other Current Liabilities	1,228,526.84
Total Current Liabilities	1,229,236.76
Total Liabilities	1,229,236.76
Equity	
Shareholder Equity-RR	
Earnings-RR	-0.34
Investment-RR	-0.49
Draw-RR	-0.39
Total Shareholder Equity-RR	-1.22
Shareholder Equity-MC	
Earnings-MC	-0.03
Draw-MC	-0.48
Total Shareholder Equity-MC	-0.51
Common Stock	1,000.00
Opening Balance Equity	100.00
Retained Earnings	-135,299.35
Shareholder Distributions	
Distributions - MC	-60,000.00
Shareholder Distributions - Other	-20,000.00
Total Shareholder Distributions	-80,000.00
Net Income	351,469.10
Total Equity	137,268.02
TOTAL LIABILITIES & EQUITY	1,366,504.78

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Accrual Basis

Bowes In Home Care
Profit & Loss
 April 17 through August 12, 2020

	Apr 17 - Aug 12, 20
Ordinary Income/Expense	
Income	
Refund/Rebates	211,286.00
Sales-Part A	253,257.80
Transfer funds	-1,444,650.00
Total Income	-980,106.20
Cost of Goods Sold	
Medical Supplies	39,298.89
Subcontracted Services	
Contractor - RN	6,276.24
Contractor - OT	1,125.00
Contractor - PT	9,070.00
Subcontracted Services - Other	33,888.00
Total Subcontracted Services	50,359.24
Total COGS	89,658.13
Gross Profit	-1,069,764.33
Expense	
Employee Incentives/ Awards Exp	1,000.00
Training	595.00
Advertising and Promotion	17,500.96
Bank Service Charges	674.63
Child Support	3,692.32
Computer and Internet Expenses	9,619.21
Continuing Education	600.00
Credit Card	3,677.13
Dues and Subscriptions	51,727.34
Employee Scening	3,122.55
Insurance Expense	
General Liability Insurance	5,819.83
Health Insurance	81,173.57
Life and Disability Insurance	4,561.05
Worker's Compensation	5,077.13
Total Insurance Expense	96,631.58
Loan from Shareholder	-243,032.11
Office Supplies	-4,855.11
Payroll Expenses	
Wages	3,219.11
Payroll Taxes	3,665.00
Payroll Expenses - Other	483,264.35
Total Payroll Expenses	490,148.46
Postage and Delivery	244.54
Professional Fees	75,857.50
Rent Expense	14,642.10
Repairs and Maintenance	4,101.72
Telephone Expense	59,790.84
Utilities	
Waste	185.85
Utilities - Other	3,708.78
Total Utilities	3,894.63
Total Expense	589,633.29
Net Ordinary Income	-1,659,397.62

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Accrual Basis

Bowes In Home Care
Profit & Loss
April 17 through August 12, 2020

	Apr 17 - Aug 12, 20
Other Income/Expense	
Other Income	
SBA EIDL	149,900.00
PPP SBA	1,582,500.00
HHS Stimulus	424,977.69
Interest Income	31.75
Total Other Income	2,157,409.44
Other Expense	
Ask My Accountant	169,014.87
Total Other Expense	169,014.87
Net Other Income	1,988,394.57
Net Income	328,996.95